# OFFPRING EXAM 6 CODING MANUAL

SAS NAME = A1EXAM6
SAS VARIABLE NAMES =

RANDOMID, F001-F008, F014-F059, F061-F170, F172-F444, F457-F677, F685-F728

#### CODING MANUAL - OFFSPRING EXAM 6 FRAMINGHAM STUDY

#### # RECORDS 3532

NUN	<b>MERICA</b>	LDATA	- PART I
1101		$D_{I}$	1 / 11 / 1

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VARIABLE INFORMATION

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RANDOMID IDENTIFIER FOR SUBJECTS

FORMAT 7.

F001 SEX OF PATIENT

\* DELETED, REDUNDANT

F002 AGE OF PATIENT (IN YEARS)

EXCEPT FOR THE FOLLOWING

AGE < 37 = 37 AGE > 80 = 80. UNKNOWN (0)

F003 SITE OF EXAM

\* DELETED TO PRESERVE CONFIDENTIALITY

F004 NURSING HOME LEVEL OF CARE

\* DELETED TO PRESERVE CONFIDENTIALITY

F005 MARITAL STATUS

1 SINGLE 2 MARRIED 3 WIDOWED 4 DIVORCED 5 SEPARATED . UNKNOWN (5)

F006 NURSE EXAMINER'S NUMBER

\* DELETED TO PRESERVE CONFIDENTIALITY

F007 WEIGHT (TO NEAREST POUND)

GROUPED IN 5 LB. INTERVALS STARTING

AT 100 - 104 = 1

WEIGHT < 100 : WEIGHT GROUP 0

WEIGHT >= 265 : WEIGHT GROUP 34 . UNKNOWN (19)

F008 HEIGHT (INCHES, TO NEXT LOWER 1/4 INCH) IN INCHES EXCEPT FOR THE FOLLOWING:

HEIGHT < 58" = 58HEIGHT > 75" = 75

. UNKNOWN (52)

# NOTE: F009 - F013 WERE DROPPED FROM THE EXAM FORM: SKINFOLD MEASURMENTS FOR TRICEPS, SUBSCAPULAR AND ABDOMEN

F014	NECK CIRCUMFERENCE (INCHES, TO NEXT LOWER 1/4 INCH) 10.25 - 20.50 . UNKNOWN (65)
F015	RIGHT ARM GIRTH - UPPER THIRD (INCHES, TO NEXT LOWER 1/4 INCH) 8.50 - 20.00 . UNKNOWN (77)
F016	WAIST GIRTH (INCHES, TO NEXT LOWER 1/4 INCH) 23.75 - 60.00 . UNKNOWN (76)
F017	HIP GIRTH (INCHES, TO NEXT LOWER 1/4 INCH) 23.00 - 60.00 . UNKNOWN (89)
F018	THIGH GIRTH (INCHES, TO NEXT LOWER 1/4 INCH) 12.00 - 43.25 . UNKNOWN (80)
F019	CARBON MONOXIDE LEVEL 2 - 75 . UNKNOWN (323)
F020	KNEE HEIGHT (CM, TO THE NEAREST TENTH)* 39.9 - 64.4 . UNKNOWN (72) * USE WITH CAUTION: ACCEPTABLE MEASUREMENT ERROR FROM EXAM TO EXAM IS 5%. WHEN COMPARING EXAM 5 AND EXAM 6 KNEE HEIGHTS THERE WERE 37 CASES WHERE KNEE HEIGHT DIFFERED BY MORE THAN 5%.
F021	NUMBER OF HOURS FASTING 0 - 20 . UNKNOWN (49)

F022 NUMBER OF DAYS SINCE LAST DOSE OF ASPIRIN

# (TYPICAL VALUE 1 TO 7 FOR USE IN PAST WEEK) 0 NEVER 1 WITHIN 1 DAY 2 - 90 98 98 DAYS OR MORE . UNKNOWN (196)

F023	HAMILTON BALDNESS SCALE 1 - 12 88 WOMAN . UNKNOWN (42)
F024	HAND PREFERRED FOR EATING * DELETED TO PRESERVE CONFIDENTIALITY
F025	HAND PREFERRED FOR WRITING  * DELETED TO PRESERVE CONFIDENTIALITY
F026	SYSTOLIC BLOOD PRESSURE - NURSE (TO NEAREST 2MM HG) 76 - 220 . UNKNOWN (72)
F027	DIASTOLIC BLOOD PRESSURE - NURSE (TO NEAREST 2MM HG) 30 - 130 . UNKNOWN (73)
F028	NURSE'S BLOOD PRESSURE ID  * DELETED TO PRESERVE CONFIDENTIALITY
F029	BODY COMPOSITION - RESISTANCE TRIAL 1 270 - 797 998 OUT OF RANGE VALUES (RESISTANCE RANGE VALUES ARE 250-800) . UNKNOWN (115)
F030	BODY COMPOSITION - REACTANCE TRIAL 1 29 - 99 998 OUT OF RANGE VALUES (REACTANCE RANGE VALUES ARE 25-100) . UNKNOWN (115)
F031	BODY COMPOSITION - RESISTANCE TRIAL 2 270 - 797 998 OUT OF RANGE VALUES (RESISTANCE RANGE VALUES ARE 250-800) . UNKNOWN (116)

	998 OUT OF RANGE VALUES (REACTANCE RANGE VALUES ARE 25-100) . UNKNOWN (120)
F033	BODY COMPOSITION - RESISTANCE TRIAL 3 270 - 797 998 OUT OF RANGE VALUES (RESISTANCE RANGE VALUES ARE 250-800) . UNKNOWN (116)
F034	BODY COMPOSITION - REACTANCE TRIAL 3 29 - 99 998 OUT OF RANGE VALUES (REACTANCE RANGE VALUES ARE 25-100) . UNKNOWN (123)
F035	NURSE ID FOR BODY COMPOSITION  * DELETED TO PRESERVE CONFIDENTIALITY

#### NUMERICAL DATA - PART II

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VARIABLE INFORMATION

F036 NURSE EXAMINER'S ID NUMBER

\* DELETED TO PRESERVE CONFIDENTIALITY

F037 URINALYSIS SPECIMEN OBTAINED

> $0 \, \text{NO}$ 1 YES

. UNKNOWN (65)

F038 **URINALYSIS: BLOOD** 

**0 NEG OR NO URINALYSIS SPECIMEN OBTAINED** 

10 TRACE 1 SMALL 2 MODERATE 3 LARGE

. UNKNOWN (68)

F039 **URINALYSIS: KETONES** 

0 NEG OR NO URINALYSIS SPECIMEN OBTAINED

5 TRACE 15 SMALL **40 MODERATE** 80-160 LARGE . UNKNOWN (70)

F040 **URINALYSIS: GLUCOSE** 

**0 NEG OR NO URINALYSIS SPECIMEN OBTAINED** 

10 TRACE 1 SMALL 2 MODERATE

4 LARGE (VALUES OF 3 AND 4 WERE CODED AS 4)

. UNKNOWN (69)

F041 **URINALYSIS: ALBUMIN** 

**0 NEG OR NO URINALYSIS SPECIMEN OBTAINED** 

10 TRACE 30 SMALL

100 MODERATE

2000 LARGE (VALUES OF 300-2000 WERE CODED AS 2000)

. UNKNOWN (70)

F042 **URINALYSIS: PH**  0 NO URINALYSIS SPECIMEN OBTAINED PH: VALUES 5.0, 6.0, 6.5, 7.0, 7.5, 8.0, 8.5 . UNKNOWN (86)

F043 PROCEDURES DONE: ECHOCARDIOGRAM\* \*DELETED \*DO NOT USE: REFER TO ECHOCARDIOGRAM DATA FOR COUNTS F044 PROCEDURES DONE: ECHO DOPPLER\* \*DELETED \*DO NOT USE: REFER TO ECHOCARDIOGRAM DATA FOR COUNTS F045 PROCEDURES DONE: CAROTID DOPPLER\* \*DELETED \*DO NOT USE: REFER TO CAROTID DATA FOR COUNTS F046 PROCEDURES DONE:BODY COMPOSITION\* \*DELETED \*DO NOT USE: REFER TO BODY COMPOSITION SECTION FOR COUNTS (F029-F035) F047 PROCEDURES DONE: ANKLE-ARM BLOOD PRESSURE\* \*DELETED \*DO NOT USE: REFER TO ANKLE ARM BLOOD PRESSURE DATA FOR COUNTS FO48 PROCEDURES DONE: EXERCISE QUESTIONAIRE\* \*DELETED \*DO NOT USE: REFER TO DATA EXCERCISE QUESTIONAIRE DATA FOR COUNTS F049 PROCEDURES DONE: SPIROMETRY DONE\* \*DELETED

SPIROMETRY DATA FOR COUNTS

\*DO NOT USE: REFER TO

F050	PROCEDURES DONE:BLOOD LIPIDS  *DELETED  *DO NOT USE: REFER TO  LAB VARIABLES FOR COUNTS (F724-F728)
F051	PROCEDURES DONE:DIET QUESTIONAIRE*  *DELETED  *DO NOT USE: REFER TO  DIET QUESTIONAIRE DATA FOR COUNTS
F052	PROCEDURES DONE:GLUCOSE TOLERANCE TEST*  *DELETED  *GLUCOSE TOLERANCE TEST WAS NOT DONE  AT EXAM 6
F053	PROCEDURES DONE:METHIONINE CHALLENGE TEST* *DELETED *DO NOT USE: REFER TO DATA FOR COUNTS
F054	PROCEDURES DONE:ECG DONE *DELETED, REFER TO "ECG DONE" VARIABLE
F055	PROCEDURES DONE:HEARING TEST*  *DELETED  *DO NOT USE: REFER TO  HEARING DATA FOR COUNTS
F056	PROCEDURES DONE:OSTEOPOROSIS TEST* *DELETED *DO NOT USE: REFER TO DATA FOR COUNTS
F057	PROCEDURES DONE:EXERCISE TEST* *DELETED *DO NOT USE: REFER TO DATA FOR COUNTS

F058 PROCEDURES DONE:HEART RATE MONITOR\*

\*DELETED

\*DO NOT USE: REFER TO DATA FOR COUNTS

F059 PROCEDURES DONE:URINALYSIS ABNORMAL RESULTS\*

\*DELETED

\*DO NOT USE: REFER TO

URINALYSIS SECTION FOR COUNTS (F037-F042)

NOTE: F060 WAS DROPPED FROM THE EXAM FORM

#### **COGNITIVE FUNCTION - PART I**

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VARIABLE INFORMATION

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F061 NURSE EXAMINER'S ID NUMBER

\* DELETED TO PRESERVE CONFIDENTIALITY

F062 MMSE:WHAT IS TODAY'S DATE (MONTH, DAY, YEAR)

0 NONE CORRECT 1 1 OF 3 CORRECT 2 2 OF 3 CORRECT 3 3 OF 3 CORRECT

6 NO TRY
. UNKNOWN (22)

F063 MMSE:WHAT IS THE SEASON

0 INCORRECT 1 CORRECT 6 NO TRY

. UNKNOWN (22)

F064 MMSE: WHAT DAY OF THE WEEK IS IT

0 INCORRECT 1 CORRECT 6 NO TRY

. UNKNOWN (22)

F065 MMSE:WHAT TOWN, COUNTY AND STATE ARE WE IN

0 NONE CORRECT 1 1 OF 3 CORRECT 2 2 OF 3 CORRECT 3 3 OF 3 CORRECT 6 NO TRY

. UNKNOWN (22)

F066 MMSE: WHAT IS THE NAME OF THIS PLACE

0 INCORRECT 1 CORRECT 6 NO TRY

. UNKNOWN (21)

F067 MMSE:WHAT FLOOR OF THE BUILDING ARE WE ON

0 INCORRECT 1 CORRECT 6 NO TRY . UNKNOWN (22)

F068 MMSE:REPEAT THREE OBJECTS

0 NONE CORRECT 1 1 OF 3 CORRECT 2 2 OF 3 CORRECT 3 3 OF 3 CORRECT 6 NO TRY

. UNKNOWN (24)

F069 MMSE:WORLD SPELLED BACKWARDS

XXXXX - CHARACTER VARIABLE

. UNKNOWN (75)

F070 MMSE:REMEMBER THREE OBJECTS

0 NONE CORRECT 1 1 OF 3 CORRECT 2 2 OF 3 CORRECT 3 3 OF 3 CORRECT

6 NO TRY

. UNKNOWN (33)

#### **COGNITIVE FUNCTION - PART II**

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VARIABLE INFORMATION

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F071 MMSE:WHAT IS THIS CALLED? (WATCH)

0 INCORRECT 1 CORRECT 6 NO TRY

. UNKNOWN (22)

F072 MMSE:WHAT IS THIS CALLED? (PENCIL)

0 INCORRECT 1 CORRECT 6 NO TRY

. UNKNOWN (22)

F073 MMSE:PLEASE REPEAT THE FOLLOWING (NO IFS, ANDS, OR

BUTS)

0 INCORRECT 1 CORRECT 6 NO TRY

. UNKNOWN (25)

F074 MMSE:PLEASE READ THE FOLLOWING AN DO WHAT IT SAYS

0 INCORRECT 1 PERFORMED

6 NO TRY OR LOW VISION

. UNKNOWN (23)

F075 MMSE:PLEASE WRITE A SENTENCE

0 INCORRECT 1 PERFORMED

6 NO TRY OR LOW VISION

. UNKNOWN (30)

F076 MMSE:PLEASE COPY THIS DRAWING

0 INCORRECT 1 CORRECT

6 NO TRY OR LOW VISION

. UNKNOWN (26)

F077 MMSE:TAKE PAPER IN RIGHT HAND, FOLD IN HALF AND PLACE

#### IN LAP

- 0 NONE CORRECT
- 1 1 OF 3 PERFORMED
- 2 2 OF 3 PERFORMED
- 3 3 OF 3 PERFORMED
- 6 NO TRY OR LOW VISION
- . UNKNOWN (32)

F078 MMSE:EXAMINER'S ASSESSMENT OF SUBJECT'S MENTAL STATUS

1 NORMAL

2 POSSIBLE DEMENTIA

3 FACTORS SUCH AS ILLITERACY,

NOT FLUENT IN ENGLISH, OR

DEPRESSION CAUSED POOR TESTING

4 DEMENTIA PRESENT

. UNKNOWN (42)

VARIABLE	INFORMATION
F079	NURSE EXAMINER'S ID NUMBER * DELETED TO PRESERVE CONFIDENTIALITY
F080	WHERE DO YOU LIVE  * DELETED TO PRESERVE CONFIDENTIALITY
F081	DOES ANYONE LIVE WITH YOU (CODE AS NO FOR NURSING HOME) 0 NO 1 YES . UNKNOWN (26)
F082	DO YOU LIVE WITH SPOUSE 0 NO 1 YES, LESS THAN 3 MONTHS PER YEAR 2 YES, MORE THAN 3 MONTHS PER YEAR . UNKNOWN (28)
F083	DO YOU LIVE WITH SIGNIFICANT OTHER 0 NO 1 YES, LESS THAN 3 MONTHS PER YEAR 2 YES, MORE THAN 3 MONTHS PER YEAR . UNKNOWN (36)
F084	DO YOU LIVE WITH CHILDREN 0 NO 1 YES, LESS THAN 3 MONTHS PER YEAR 2 YES, MORE THAN 3 MONTHS PER YEAR . UNKNOWN (36)
F085	DO YOU LIVE WITH FRIENDS 0 NO

 $1~\mathrm{YES},$  LESS THAN  $3~\mathrm{MONTHS}$  PER YEAR 2 YES, MORE THAN 3 MONTHS PER YEAR

. UNKNOWN (37)

F086 DO YOU LIVE WITH RELATIVES 0 NO

1 YES, LESS THAN 3 MONTHS PER YEAR 2 YES, MORE THAN 3 MONTHS PER YEAR . UNKNOWN (34)

F087 IN GENERAL, HOW IS YOUR HEALTH NOW

1 EXCELLENT

2 GOOD

3 FAIR

4 POOR

. UNKNOWN (38)

F088 COMPARE YOUR HEALTH TO MOST PEOPLE YOUR OWN AGE

1 BETTER

2 ABOUT THE SAME

3 WORSE

. UNKNOWN (70)

F089 ARE YOU WORKING NOW

0 NO

1 YES, FULL TIME 2 YES, PART TIME . UNKNOWN (30)

F090 DURING THE PAST SIX MONTHS (180 DAYS),

HOW MANY DAYS WERE YOU SO SICK YOU COULD

NOT CARRY OUT YOUR USUAL ACTIVITIES

0 - 180

. UNKNOWN (38)

F091 DURING THE COURSE OF A NORMAL DAY,

HOW DO YOU CARRY OUT THE FOLLOWING ACTIVITIES:

DRESSING (UNDRESSING AND REDRESSING)

0 NO HELP NEEDED, INDEPENDENT

1 USES DEVICE, INDEPENDENT

2 HUMAN ASSISTANCE NEEDED, MINIMALLY DEPENDENT

**3 DEPENDENT** 

4 DO NOT DO DURING A NORMAL DAY

. UNKNOWN (25)

F092 DURING THE COURSE OF A NORMAL DAY,
HOW DO YOU CARRY OUT THE FOLLOWING ACTIVITIES:

BATHING (	INCLUDING GETTING IN AND OUT OF TUB OR
SHOW	ER)

- 0 NO HELP NEEDED, INDEPENDENT
- 1 USES DEVICE, INDEPENDENT
- 2 HUMAN ASSISTANCE NEEDED, MINIMALLY DEPENDENT
- 3 DEPENDENT
- 4 DO NOT DO DURING A NORMAL DAY
- . **UNKNOWN** (26)

#### F093 DURING THE COURSE OF A NORMAL DAY,

HOW DO YOU CARRY OUT THE FOLLOWING ACTIVITIES: **EATING** 

- 0 NO HELP NEEDED, INDEPENDENT
- 1 USES DEVICE, INDEPENDENT
- 2 HUMAN ASSISTANCE NEEDED, MINIMALLY DEPENDENT
- 3 DEPENDENT
- 4 DO NOT DO DURING A NORMAL DAY
- . UNKNOWN (26)

#### F094 DURING THE COURSE OF A NORMAL DAY,

HOW DO YOU CARRY OUT THE FOLLOWING ACTIVITIES:

TRANSFERRING (GETTING IN AND OUT OF CHAIR)

- 0 NO HELP NEEDED, INDEPENDENT
- 1 USES DEVICE, INDEPENDENT
- 2 HUMAN ASSISTANCE NEEDED, MINIMALLY DEPENDENT
- 3 DEPENDENT
- 4 DO NOT DO DURING A NORMAL DAY
- . **UNKNOWN** (25)

#### F095 DURING THE COURSE OF A NORMAL DAY.

HOW DO YOU CARRY OUT THE FOLLOWING ACTIVITIES: TOILETING ACTIVITIES (USING BATHROOM FACILITIES AND HANDLE CLOTHING)

- 0 NO HELP NEEDED. INDEPENDENT
- 1 USES DEVICE, INDEPENDENT
- 2 HUMAN ASSISTANCE NEEDED, MINIMALLY DEPENDENT
- 3 DEPENDENT
- 4 DO NOT DO DURING A NORMAL DAY
- . UNKNOWN (25)

#### F096 DURING THE COURSE OF A NORMAL DAY, HOW DO YOU CARRY OUT THE FOLLOWING ACTIVITIES: BLADDER CONTINENCE (ASK IF PERSON HAS "ACCIDENTS")

0 NO HELP NEEDED, INDEPENDENT

1 USES DEVICE, INDEPENDENT

2 HUMAN ASSISTANCE NEEDED, MINIMALLY DEPENDENT

3 DEPENDENT

4 DO NOT DO DURING A NORMAL DAY

**5 USE SPECIAL PRODUCTS** 

. UNKNOWN (40)

F097 DURING THE COURSE OF A NORMAL DAY,

HOW DO YOU CARRY OUT THE FOLLOWING ACTIVITIES:

BOWEL CONTINENCE (ASK IF PERSON HAS "ACCIDENTS")

0 NO HELP NEEDED, INDEPENDENT

1 USES DEVICE, INDEPENDENT

2 HUMAN ASSISTANCE NEEDED, MINIMALLY DEPENDENT

**3 DEPENDENT** 

4 DO NOT DO DURING A NORMAL DAY

**5 USE SPECIAL PRODUCTS** 

. UNKNOWN (30)

F098 DURING THE COURSE OF A NORMAL DAY,

HOW DO YOU CARRY OUT THE FOLLOWING ACTIVITIES:

WALKING ON LEVEL SURFACE 50 YARDS (LENGTH OF THURBER ST)

0 NO HELP NEEDED, INDEPENDENT

1 USES DEVICE, INDEPENDENT

2 HUMAN ASSISTANCE NEEDED, MINIMALLY DEPENDENT

**3 DEPENDENT** 

4 DO NOT DO DURING A NORMAL DAY

. UNKNOWN (25)

F099 DURING THE COURSE OF A NORMAL DAY,

HOW DO YOU CARRY OUT THE FOLLOWING ACTIVITIES:

WALKING UP AND DOWN ONE FLIGHT OF STAIRS

0 NO HELP NEEDED, INDEPENDENT

1 USES DEVICE, INDEPENDENT

2 HUMAN ASSISTANCE NEEDED, MINIMALLY DEPENDENT

3 DEPENDENT

4 DO NOT DO DURING A NORMAL DAY

. UNKNOWN (26)

F100 DURING THE COURSE OF A NORMAL DAY,

HOW DO YOU CARRY OUT THE FOLLOWING ACTIVITIES:

USING A TELEPHONE

0 NO HELP NEEDED, INDEPENDENT

1 USES DEVICE, INDEPENDENT

2 HUMAN ASSISTANCE NEEDED, MINIMALLY DEPENDENT

**3 DEPENDENT** 

4 DO NOT DO DURING A NORMAL DAY

. UNKNOWN (25)

F101 DURING THE COURSE OF A NORMAL DAY,

HOW DO YOU CARRY OUT THE FOLLOWING ACTIVITIES:

TAKES OWN MEDICATIONS

0 NO HELP NEEDED, INDEPENDENT

1 USES DEVICE, INDEPENDENT

2 HUMAN ASSISTANCE NEEDED, MINIMALLY DEPENDENT

**3 DEPENDENT** 

4 DO NOT DO DURING A NORMAL DAY

8 TAKES NO MEDICATIONS REGULARLY

. UNKNOWN (37)

ACTIVITIES - PART A	
VARIABLE	INFORMATION
F102	NURSE EXAMINER'S ID NUMBER * DELETED TO PRESERVE CONFIDENTIALITY
F103	IN PAST TWO YEARS, HAVE YOU BEEN ADMITTED TO NURSING HOME, BEEN VISITED BY NURSING SERVICE, OR USED COMMUNITY PROGRAMS  * DELETED TO PRESERVE CONFIDENTIALITY
F104	BEEN ADMITTED TO NURSING HOME (OR SKILLED FACILITY) IN PAST TWO YEARS  * DELETED TO PRESERVE CONFIDENTIALITY
F105	HOME HEALTH AIDES IN PAST MONTH ONLY 0 NONE 1 LESS THAN 1 PER MONTH 2 1-5 TIMES PER MONTH 3 6-15 TIMES PER MONTH 4 15-30 TIMES PER MONTH . UNKNOWN (26)
F106	HOME HEALTH AIDES IN PAST TWO YEARS 0 NONE 1 LESS THAN 1 PER MONTH 2 1-5 TIMES PER MONTH 3 6-15 TIMES PER MONTH 4 15-30 TIMES PER MONTH . UNKNOWN (26)
F107	HOMEMAKER VISITS IN PAST MONTH ONLY 0 NONE 1 LESS THAN 1 PER MONTH 2 1-5 TIMES PER MONTH 3 6-15 TIMES PER MONTH 4 15-30 TIMES PER MONTH

. UNKNOWN (26)

#### F108 HOMEMAKER VISITS IN PAST TWO YEARS

0 NONE

1 LESS THAN 1 PER MONTH

2 1-5 TIMES PER MONTH

3 6-15 TIMES PER MONTH

4 15-30 TIMES PER MONTH

. UNKNOWN (29)

#### F109 VISITING NURSE IN PAST MONTH ONLY

0 NONE

1 LESS THAN 1 PER MONTH

2 1-5 TIMES PER MONTH

3 6-15 TIMES PER MONTH

4 15-30 TIMES PER MONTH

. UNKNOWN (26)

#### F110 VISITING NURSE IN PAST TWO YEARS

0 NONE

1 LESS THAN 1 PER MONTH

2 1-5 TIMES PER MONTH

3 6-15 TIMES PER MONTH

4 15-30 TIMES PER MONTH

. UNKNOWN (28)

## F111 REHABILITATION SERVICES (SUCH AS PHYSICAL

THERAPY, OCCUPATIONAL THERAPY, SPEECH THERAPY) IN PAST MONTH ONLY

0 NONE

1 LESS THAN 1 PER MONTH

2 1-5 TIMES PER MONTH

3 6-15 TIMES PER MONTH

4 15-30 TIMES PER MONTH

. UNKNOWN (26)

#### F112 REHABILITATION SERVICES (PHYSICAL

THERAPY, OCCUPATIONAL THERAPY, SPEECH THERAPY) IN PAST TWO YEARS

0 NONE

1 LESS THAN 1 PER MONTH

2 1-5 TIMES PER MONTH

3 6-15 TIMES PER MONTH

4 15-30 TIMES PER MONTH

. UNKNOWN (26)

#### F113 MEALS ON WHEELS IN PAST MONTH ONLY

0 NONE

1 LESS THAN 1 PER MONTH

2 1-5 TIMES PER MONTH

3 6-15 TIMES PER MONTH

4 15-30 TIMES PER MONTH

. UNKNOWN (26)

#### F114 MEALS ON WHEELS IN PAST TWO YEARS

0 NONE

1 LESS THAN 1 PER MONTH

2 1-5 TIMES PER MONTH

3 6-15 TIMES PER MONTH

4 15-30 TIMES PER MONTH

. UNKNOWN (26)

#### F115 COMMUNITY DAY PROGRAMS IN PAST MONTH ONLY

0 NONE

1 LESS THAN 1 PER MONTH

2 1-5 TIMES PER MONTH

3 6-15 TIMES PER MONTH

4 15-30 TIMES PER MONTH

. UNKNOWN (26)

#### F116 COMMUNITY DAY PROGRAMS IN PAST TWO YEARS

0 NONE

1 LESS THAN 1 PER MONTH

2 1-5 TIMES PER MONTH

3 6-15 TIMES PER MONTH

4 15-30 TIMES PER MONTH

. **UNKNOWN** (26)

#### F117 OTHER NURSING SERVICES OR PROGRAMS

IN PAST MONTH ONLY

0 NONE

1 LESS THAN 1 PER MONTH

2 1-5 TIMES PER MONTH

3 6-15 TIMES PER MONTH

4 15-30 TIMES PER MONTH

. UNKNOWN (26)

#### IN PAST TWO YEARS

- 0 NONE
- 1 LESS THAN 1 PER MONTH
- 2 1-5 TIMES PER MONTH
- 3 6-15 TIMES PER MONTH
- 4 15-30 TIMES PER MONTH
- . UNKNOWN (27)

#### ROSOW-BRESLAU QUESTIONS (F119 - F124)


F119 ARE YOU ABLE TO DO HEAVY WORK AROUND HOUSE (LIKE SHOVEL WASH WINDOWS, WALLS OR FLOORS) WITHOUT HELP

 $0 \, \text{NO}$ 

1 YES

. UNKNOWN (35)

F120 ARE YOU ABLE TO WALK UP AND DOWN STAIRS TO THE SECOND

FLOOR WITHOUT ANY HELP

 $0 \, \text{NO}$ 

1 YES

. UNKNOWN (35)

F121 ARE YOU ABLE TO WALK HALF A MILE WITHOUT HELP

(ABOUT 4-6 BLOCKS)

 $0 \, \text{NO}$ 

1 YES

. UNKNOWN (48)

F122 HAVE YOU DRIVEN A CAR IN THE PAST

 $0 \, \text{NO}$ 

1 YES

. UNKNOWN (26)

F123 DO YOU DRIVE NOW

 $0 \, \text{NO}$ 

1 YES

. UNKNOWN (30)

F124 IF NO TO F123, REASON FOR NOT DRIVING NOW

1 HEALTH

2 OTHER NON-HEALTH REASON

3 NEVER DROVE A CAR

**8 CURRENT DRIVER** 

. UNKNOWN (35)

#### **ACTIVITIES - PART B**

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VARIABLE INFORMATION

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F125 NURSE EXAMINER'S ID NUMBER

\* DELETED TO PRESERVE CONFIDENTIALIY

NAGI QUESTIONS (F126 - F136)

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F126 NAGI:PULLING OR PUSHING LARGE OBJECTS LIKE A LIVING

**ROOM CHAIR** 

**0 NO DIFFICULTY** 

1 A LITTLE DIFFICULTY

2 SOME DIFFICULTY

3 A LOT OF DIFFICULTY

4 UNABLE TO DO

5 DON'T DO ON MD ORDERS

. UNKNOWN (40)

F127 NAGI:EITHER STOOPING, CROUCHING, OR KNEELING

**0 NO DIFFICULTY** 

1 A LITTLE DIFFICULTY

**2 SOME DIFFICULTY** 

3 A LOT OF DIFFICULTY

4 UNABLE TO DO

5 DON'T DO ON MD ORDERS

. **UNKNOWN** (28)

F128 NAGI:REACHING OR EXTENDING ARMS BELOW SHOULDER LEVEL

**0 NO DIFFICULTY** 

1 A LITTLE DIFFICULTY

**2 SOME DIFFICULTY** 

3 A LOT OF DIFFICULTY

4 UNABLE TO DO

5 DON'T DO ON MD ORDERS

. UNKNOWN (24)

- 0 NO DIFFICULTY
- 1 A LITTLE DIFFICULTY
- 2 SOME DIFFICULTY
- 3 A LOT OF DIFFICULTY
- 4 UNABLE TO DO
- 5 DON'T DO ON MD ORDERS
- . UNKNOWN (25)
- F130 NAGI:EITHER WRITING, OR HANDLING, OR FINGERING

SMALL OBJECTS

- **0 NO DIFFICULTY**
- 1 A LITTLE DIFFICULTY
- 2 SOME DIFFICULTY
- 3 A LOT OF DIFFICULTY
- 4 UNABLE TO DO
- 5 DON'T DO ON MD ORDERS
- . UNKNOWN (23)
- F131 NAGI:STANDING IN ONE PLACE FOR LONG PERIODS, SAY 15 MINUTES
  - 0 NO DIFFICULTY
  - 1 A LITTLE DIFFICULTY
  - 2 SOME DIFFICULTY
  - 3 A LOT OF DIFFICULTY
  - 4 UNABLE TO DO
  - 5 DON'T DO ON MD ORDERS
  - . UNKNOWN (37)
- F132 NAGI:SITTING FOR LONG PERIODS, SAY 1 HOUR
  - **0 NO DIFFICULTY**
  - 1 A LITTLE DIFFICULTY
  - 2 SOME DIFFICULTY
  - 3 A LOT OF DIFFICULTY
  - 4 UNABLE TO DO
  - 5 DON'T DO ON MD ORDERS
  - . UNKNOWN (25)

#### (LIKE A BAG OF POTATOES)

- 0 NO DIFFICULTY
- 1 A LITTLE DIFFICULTY
- 2 SOME DIFFICULTY
- 3 A LOT OF DIFFICULTY
- 4 UNABLE TO DO
- 5 DON'T DO ON MD ORDERS
- . UNKNOWN (32)

## F134 NAGI:LIFTING OR CARRYING WEIGHTS OVER 10 POUNDS (LIKE A VERY HEAVY BAG OF GROCERIES)

- **0 NO DIFFICULTY**
- 1 A LITTLE DIFFICULTY
- 2 SOME DIFFICULTY
- 3 A LOT OF DIFFICULTY
- 4 UNABLE TO DO
- 5 DON'T DO ON MD ORDERS
- . UNKNOWN (38)

#### F135 NAGI:GETTING IN AND OUT OF CAR

- **0 NO DIFFICULTY**
- 1 A LITTLE DIFFICULTY
- 2 SOME DIFFICULTY
- 3 A LOT OF DIFFICULTY
- 4 UNABLE TO DO
- 5 DON'T DO ON MD ORDERS
- . UNKNOWN (29)

#### F136 NAGI:PUTTING ON SOCKS OR STOCKINGS

- **0 NO DIFFICULTY**
- 1 A LITTLE DIFFICULTY
- 2 SOME DIFFICULTY
- 3 A LOT OF DIFFICULTY
- 4 UNABLE TO DO
- 5 DON'T DO ON MD ORDERS
- . UNKNOWN (26)

ACTIVITIES	S - PART C
VARIABLE	INFORMATION
	<del></del>
F137	NURSE EXAMINER'S ID NUMBER
	* DELETED TO PRESERVE CONFIDENTIALITY
F138	IN PAST YEAR HAVE YOU ACCIDENTALLY FALLEN AND
	HIT THE FLOOR OR GROUND (CODE AS NO IF DURING
	SPORTS ACTIVITY)
	0 NO
	1 YES
	2 MAYBE
	. UNKNOWN (26)
F139	HOW MANY TIMES HAVE YOU FALLEN
	IN PAST YEAR
	0 HAVE NOT FALLEN IN PAST YEAR
	1 - 12
	. UNKNOWN (51)

### FRACTURES (F140 - F149)

-----

F140	SINCE YOUR LAST CLINIC VISIT HAVE YOU BROKEN ANY BONES
	* DELETED TO PRESERVE CONFIDENTIALITY
F141	BROKEN LEFT UPPER ARM(HUMEROUS) OR ELBOW SINCE LAST CLINIC VISIT
	* DELETED TO PRESERVE CONFIDENTIALITY
F142	BROKEN RIGHT UPPER ARM
	(HUMEROUS) OR ELBOW SINCE LAST CLINIC VISIT  * DELETED TO PRESERVE CONFIDENTIALITY
F143	BROKEN LEFT FOREARM OR WRIST
	SINCE LAST VISIT  * DELETED TO PRESERVE CONFIDENTIALITY
F144	BROKEN RIGHT FOREARM OR WRIST
	SINCE LAST VISIT  * DELETED TO PRESERVE CONFIDENTIALITY
F145	BROKEN BACK SINCE LAST VISIT
	(IF DISC DISEASE ONLY, CODE AS NO) * DELETED TO PRESERVE CONFIDENTIALITY
F146	BROKEN PELVIS SINCE LAST VISIT
	* DELETED TO PRESERVE CONFIDENTIALITY
F147	BROKEN LEFT HIP SINCE LAST VISIT
	* DELETED TO PRESERVE CONFIDENTIALITY

F148	BROKEN RIGHT HIP SINCE LAST
	VISIT
	* DELETED TO PRESERVE CONFIDENTIALITY
F149	BROKEN OTHER BONE SINCE LAST VISIT
	* DELETED TO PRESERVE CONFIDENTIALITY

CES-D SCALE	
VARIABLE	INFORMATION
	STIONS ARE REFERRING TO HOW THE SUBJECT I OF THE TIME DURING THE PAST WEEK (F150 - F170)
F150	NURSE EXAMINER'S ID NUMBER * DELETED TO PRESERVE CONFIDENTIALITY
F151	CES-D:I WAS BOTHERED BY THINGS THAT USUALLY DON'T BOTHER ME  0 RARELY OR NONE OF THE TIME (<1 DAY) 1 SOME OR A LITTLE OF THE TIME (1-2 DAYS) 2 OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS) 3 MOST OR ALL OF THE TIME (5-7 DAYS) . UNKNOWN (228)
F152	CES-D:I DID NOT FEEL LIKE EATING: MY APPETITE WAS POOR 0 RARELY OR NONE OF THE TIME (<1 DAY) 1 SOME OR A LITTLE OF THE TIME (1-2 DAYS) 2 OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS) 3 MOST OR ALL OF THE TIME (5-7 DAYS) . UNKNOWN (228)
F153	CES-D:I FELT THAT I COULD NOT SHAKE OFF THE BLUES, EVEN WITH THE HELP OF FAMILY AND FRIENDS  0 RARELY OR NONE OF THE TIME (<1 DAY)  1 SOME OR A LITTLE OF THE TIME (1-2 DAYS)  2 OCCASIONALLY OR MODERATE AMOUNT OF TIME  (3-4 DAYS)  3 MOST OR ALL OF THE TIME (5-7 DAYS) . UNKNOWN (229)
F154	CES-D:I FELT THAT I WAS JUST AS GOOD AS OTHER PEOPLE 0 RARELY OR NONE OF THE TIME (<1 DAY) 1 SOME OR A LITTLE OF THE TIME (1-2 DAYS) 2 OCCASIONALLY OR MODERATE AMOUNT OF TIME

(3-4 DAYS) 3 MOST OR ALL OF THE TIME (5-7 DAYS) . UNKNOWN (261) F155 CES-D:I HAD TROUBLE KEEPING MY MIND ON WHAT I WAS **DOING** 0 RARELY OR NONE OF THE TIME (<1 DAY) 1 SOME OR A LITTLE OF THE TIME (1-2 DAYS) 2 OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS) 3 MOST OR ALL OF THE TIME (5-7 DAYS) . UNKNOWN (229) F156 CES-D:I FELT DEPRESSED 0 RARELY OR NONE OF THE TIME (<1 DAY) 1 SOME OR A LITTLE OF THE TIME (1-2 DAYS) 2 OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS) 3 MOST OR ALL OF THE TIME (5-7 DAYS) . UNKNOWN (230) F157 CES-D:I FELT THAT EVERYTHING I DID WAS AN EFFORT 0 RARELY OR NONE OF THE TIME (<1 DAY) 1 SOME OR A LITTLE OF THE TIME (1-2 DAYS) 2 OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS) 3 MOST OR ALL OF THE TIME (5-7 DAYS) . UNKNOWN (232) F158 CES-D:I FELT HOPEFUL ABOUT THE FUTURE 0 RARELY OR NONE OF THE TIME (<1 DAY) 1 SOME OR A LITTLE OF THE TIME (1-2 DAYS) 2 OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS) 3 MOST OR ALL OF THE TIME (5-7 DAYS) . UNKNOWN (308) F159 CES-D:I THOUGHT MY LIFE HAD BEEN A FAILURE 0 RARELY OR NONE OF THE TIME (<1 DAY) 1 SOME OR A LITTLE OF THE TIME (1-2 DAYS) 2 OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS) 3 MOST OR ALL OF THE TIME (5-7 DAYS) . UNKNOWN (236)

0 RARELY OR NONE OF THE TIME (<1 DAY)
1 SOME OR A LITTLE OF THE TIME (1-2 DAYS)
2 OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)
3 MOST OR ALL OF THE TIME (5-7 DAYS)
. UNKNOWN (231)

#### F161 CES-D:MY SLEEP WAS RESTLESS

0 RARELY OR NONE OF THE TIME (<1 DAY)

1 SOME OR A LITTLE OF THE TIME (1-2 DAYS)

2 OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)

3 MOST OR ALL OF THE TIME (5-7 DAYS)

. UNKNOWN (234)

#### F162 CES-D:I WAS HAPPY

0 RARELY OR NONE OF THE TIME (<1 DAY)

1 SOME OR A LITTLE OF THE TIME (1-2 DAYS)

2 OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)

3 MOST OR ALL OF THE TIME (5-7 DAYS)

. UNKNOWN (235)

#### F163 CES-D:I TALKED LESS THAN USUSAL

0 RARELY OR NONE OF THE TIME (<1 DAY)

1 SOME OR A LITTLE OF THE TIME (1-2 DAYS)

2 OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)

3 MOST OR ALL OF THE TIME (5-7 DAYS)

. UNKNOWN (236)

#### F164 CES-D:I FELT LONELY

0 RARELY OR NONE OF THE TIME (<1 DAY)

1 SOME OR A LITTLE OF THE TIME (1-2 DAYS)

2 OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)

3 MOST OR ALL OF THE TIME (5-7 DAYS)

. UNKNOWN (234)

#### F165 CES-D:PEOPLE WERE UNFRIENDLY 0 RARELY OR NONE OF THE TIME (<1 DAY)

1 SOME OR A LITTLE OF THE TIME (1-2 DAYS) 2 OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS) 3 MOST OR ALL OF THE TIME (5-7 DAYS) . UNKNOWN (233)

#### F166 CES-D:I ENJOYED LIFE

0 RARELY OR NONE OF THE TIME (<1 DAY)
1 SOME OR A LITTLE OF THE TIME (1-2 DAYS)
2 OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)
3 MOST OR ALL OF THE TIME (5-7 DAYS)
. UNKNOWN (237)

#### F167 CES-D:I HAD CRYING SPELLS

0 RARELY OR NONE OF THE TIME (<1 DAY)
1 SOME OR A LITTLE OF THE TIME (1-2 DAYS)
2 OCCASIONALLY OR MODERATE AMOUNT OF TIME
(3-4 DAYS)
3 MOST OR ALL OF THE TIME (5-7 DAYS)
. UNKNOWN (239)

#### F168 CES-D:I FELT SAD

0 RARELY OR NONE OF THE TIME (<1 DAY)
1 SOME OR A LITTLE OF THE TIME (1-2 DAYS)
2 OCCASIONALLY OR MODERATE AMOUNT OF TIME (3-4 DAYS)
3 MOST OR ALL OF THE TIME (5-7 DAYS)
. UNKNOWN (232)

#### F169 CES-D:I FELT THAT PEOPLE DISLIKED ME

0 RARELY OR NONE OF THE TIME (<1 DAY)
1 SOME OR A LITTLE OF THE TIME (1-2 DAYS)
2 OCCASIONALLY OR MODERATE AMOUNT OF TIME
(3-4 DAYS)
3 MOST OR ALL OF THE TIME (5-7 DAYS)
. UNKNOWN (232)

F170 CES-D:I COULD NOT "GET GOING"

0 RARELY OR NONE OF THE TIME (<1 DAY)
1 SOME OR A LITTLE OF THE TIME (1-2 DAYS)

2 OCCASIONALLY OR MODERATE AMOUNT OF TIME

(3-4 DAYS)

3 MOST OR ALL OF THE TIME (5-7 DAYS)

. UNKNOWN (234)

NOTE: F171 WAS DROPPED FROM THE EXAM FORM

# MEDICAL HISTORY - HOSPITALIZATIONS

VARIABLE	INFORMATION
F172	SEX OF PATIENT 1 MALE
	2 FEMALE
F173	1ST EXAMINER ID  * DELETED TO PRESERVE CONFIDENTIALITY
F174	HOSPITALIZATION (NOT JUST E.R.) IN INTERIM  * DELETED TO PRESERVE CONFIDENTIALITY
F175	E.R. VISIT IN INTERIM  * DELETED TO PRESERVE CONFIDENTIALITY
F176	DAY SURGERY * DELETED TO PRESERVE CONFIDENTIALITY
F177	ILLNESS WITH VISIT TO DOCTOR  * DELETED TO PRESERVE CONFIDENTIALITY
F178	CHECK UP IN INTERIM BY DOCTOR  * DELETED TO PRESERVE CONFIDENTIALITY
F179	DATE OF THIS FHS EXAM  * DELETED TO PRESERVE CONFIDENTIALITY

## MEDICAL HISTORY - CARDIOVASCULAR MEDICATIONS

VARIABLE	INFORMATION
F180	TAKE ASPIRIN REGULARLY 0 NO 1 YES . UNKNOWN (10)
F181	NUMBER OF ASPIRIN TAKEN REGULARLY 0 DOES NOT TAKE ASPIRIN REGULARLY 1 - 20 . UNKNOWN (13)
F182	ASPIRIN FREQUENCY 0 NEVER 1 DAY 2 WEEK 3 MONTH 4 YEAR . UNKNOWN (13)
F183	USUAL ASPIRIN DOSE FOR ABOVE 0 DOES NOT TAKE ASPIRIN REGULARLY 81 BABY 160 HALF DOSE 325 NL 500 EXTRA OR LARGER . UNKNOWN (38)
F184	CURRENTLY RECEIVING MEDICATION FOR THE TREATMENT OF HYPERTENSION

0 NO

1 YES

. UNKNOWN (5)

F185 ANY OF THE CARDIOVASCUAR MEDICATIONS BELOW ON THIS **PAGE**  $0 \, \text{NO}$ 1 YES . UNKNOWN (1) F186 CARDIOVASCULAR MEDICATIONS: CARDIAC GLYCOSIDES 0 NO1 YES, NOW 2 YES, NOT NOW 3 MAYBE . UNKNOWN (5) F187 CARDIOVASCULAR MEDICATIONS: NITROGLYCERINE 0 NO1 YES, NOW 2 YES, NOT NOW 3 MAYBE . UNKNOWN (4) F188 CARDIOVASCULAR MEDICATIONS: LONGER ACTING NITRATES (ISORDIL, CARDILATE, ETC) 0 NO 1 YES, NOW 2 YES, NOT NOW 3 MAYBE . UNKNOWN (6) F189 CARDIOVASCULAR MEDICATIONS: CALCIUM CHANNEL BLOCKERS (NIFEDIPINE, VERAPAMIL, DILTIAZEM) 0 NO 1 YES, NOW 2 YES, NOT NOW 3 MAYBE . UNKNOWN (6) F190 CARDIOVASCULAR MEDICATIONS: BETA BLOCKERS  $0 \, \text{NO}$ 1 YES . UNKNOWN (8)

F191 BETA BLOCKER GROUP 0 DOES NOT TAKE BETA BLOCKERS 1 PROPRANOLOL 2 TIMOLOL 3 NADOLOL **4 ATENOLOL 5 METAPROLOL** 6 PINDOLOL 7 ACEBUTOLOL **8 LABETALOL** 9 OTHER . UNKNOWN (13) F192 DOSE (MG/DAY) OF BETA BLOCKER 0 DOES NOT TAKE BETA BLOCKERS 2 - 800 . UNKNOWN (28) F193 CARDIOVASCULAR MEDICATIONS: LOOP DIURECTICS (LASIX, ETC) 0 NO 1 YES, NOW 2 YES, NOT NOW 3 MAYBE . UNKNOWN (7) F194 CARDIOVASCULAR MEDICATIONS: THIAZIDE/K-SPARING DIURECTICS (DYAZIDE, MAXIDE, ETC) 0 NO 1 YES, NOW 2 YES, NOT NOW 3 MAYBE . UNKNOWN (6) F195 CARDIOVASCULAR MEDICATIONS: THIAZIDE DIURETICS 0 NO1 YES, NOW 2 YES, NOT NOW 3 MAYBE . UNKNOWN (7)

F196 CARDIOVASCULAR MEDICATIONS: K-SPARING DIURETICS (ALDACTONE, TRIAMTERENE) 0 NO 1 YES, NOW 2 YES, NOT NOW 3 MAYBE . UNKNOWN (6) F197 CARDIOVASCULAR MEDICATIONS: POTASSIUM SUPPLEMENTS 0 NO1 YES, NOW 2 YES, NOT NOW 3 MAYBE . UNKNOWN (4) F198 CARDIOVASCULAR MEDICATIONS: RESERPINE DERIVATIVES 0 NO1 YES, NOW 2 YES, NOT NOW 3 MAYBE . UNKNOWN (5) F199 CARDIOVASCULAR MEDICATIONS: METHYLDOPA (ALDOMET)  $0 \, \text{NO}$ 1 YES, NOW 2 YES, NOT NOW 3 MAYBE . UNKNOWN (6) F200 CARDIOVASCULAR MEDICATIONS: ALPHA-1 AGONIST(CLONIDINE, WYTENSIN, GUANABENZ) 0 NO1 YES, NOW 2 YES, NOT NOW 3 MAYBE . UNKNOWN (6) F201 CARDIOVASCULAR MEDICATIONS: ALPHA-2 BLOCKERS (PRAZOSIN, TERAZOSIN, DOXAZOSIN)  $0 \, \text{NO}$ 1 YES, NOW 2 YES, NOT NOW 3 MAYBE . UNKNOWN (5)

CARDIOVASCULAR MEDICATIONS: RENIN-ANGIOTENSIN

F202

```
BLOCKING DRUGS (ACE) (CAPTOPRIL, ENALAPRIL, LISINOPRIL)
           0 NO
            1 YES, NOW
           2 YES, NOT NOW
           3 MAYBE
            . UNKNOWN (6)
F203
           CARDIOVASCULAR MEDICATIONS: PERIPHERAL VASODILATORS
          (HYDRALAZINE, MINOXIDIL, ETC)
           0 \, \text{NO}
            1 YES, NOW
           2 YES, NOT NOW
           3 MAYBE
           . UNKNOWN (7)
F204
            CARDIOVASCULAR MEDICATIONS: OTHER ANTI-HYPERTENSIVES
           0 \text{ NO}
            1 YES, NOW
           2 YES, NOT NOW
           3 MAYBE
           . UNKNOWN (8)
F205
            CARDIOVASCULAR MEDICATIONS: ANTIARRHYTHMICS
          (QUINIDINE, PROCAINAMIDE, NORPACE, DISOPYRAMIDE, ETC)
           0 NO
            1 YES, NOW
           2 YES, NOT NOW
           3 MAYBE
           . UNKNOWN (5)
F206
            CARDIOVASCULAR MEDICATIONS: ANTIPLATELET (ANTURANE,
          PERSANTINE, ETC)
           0 NO
            1 YES, NOW
           2 YES, NOT NOW
           3 MAYBE
            . UNKNOWN (5)
```

# F207 CARDIOVASCULAR MEDICATIONS : ANTICOAGULANTS (COUMADIN, WARFARIN, ETC)

 $0 \, \text{NO}$ 

1 YES, NOW

2 YES, NOT NOW

3 MAYBE

. UNKNOWN (5)

#### F208 CARDIOVASCULAR MEDICATIONS: OTHER CARDIAC MEDICATION

0 NO

1 YES, NOW

2 YES, NOT NOW

3 MAYBE

. UNKNOWN (7)

#### MEDICAL HISTORY - OTHER MEDICATIONS

\_\_\_\_\_

VARIABLE INFORMATION

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F209 MEDICATIONS: ANTI CHOLESTEROL DRUGS

(RESINS - E.G. QUESTRAN, COLESTID)

0 NO

1 YES, NOW

2 YES, NOT NOW

3 MAYBE

. UNKNOWN (1)

F210 MEDICATIONS: ANTI CHOLESTEROL DRUGS

(NIACIN OR NICOTINIC ACID)

0 NO

1 YES, NOW

2 YES, NOT NOW

3 MAYBE

. UNKNOWN (1)

F211 MEDICATIONS: ANTI CHOLESTEROL DRUGS

(FIBRATES - E.G. GEMFIBROZIL)

 $0 \, \text{NO}$ 

1 YES, NOW

2 YES, NOT NOW

3 MAYBE

. UNKNOWN (1)

F212 MEDICATIONS: ANTI CHOLESTEROL DRUGS

(STATINS - E.G. LOVASTATIN, PRAVASTATIN)

 $0 \, \text{NO}$ 

1 YES, NOW

2 YES, NOT NOW

3 MAYBE

. UNKNOWN (1)

F213 MEDICATIONS: ANTI CHOLESTEROL DRUGS - OTHER

0 NO

1 YES, NOW

2 YES, NOT NOW

3 MAYBE

. UNKNOWN (1)

F214 MEDICATIONS: ANTIGOUT - URIC ACID LOWERING

```
(ALLOPURINOL, PROBENECID, ETC)
            0 \, \text{NO}
            1 YES, NOW
            2 YES, NOT NOW
            3 MAYBE
            . UNKNOWN (1)
F215
             MEDICATIONS: ANTIGOUT (COLCHICINE)
            0 \text{ NO}
            1 YES, NOW
            2 YES, NOT NOW
            3 MAYBE
            . UNKNOWN (1)
F216
             MEDICATIONS: THYROID EXTRACT (DESSICATED
           THYROID)
            0 NO
            1 YES, NOW
            2 YES, NOT NOW
            3 MAYBE
            . UNKNOWN (1)
F217
             MEDICATIONS: THYROXINE (SYNTHROID, ETC)
            0 \text{ NO}
            1 YES, NOW
            2 YES, NOT NOW
            3 MAYBE
            . UNKNOWN (3)
F218
             MEDICATIONS: INSULIN
            0 \text{ NO}
            1 YES, NOW
            2 YES, NOT NOW
            3 MAYBE
            . UNKNOWN (8)
F219
             HOW MANY UNITS OF INSULIN/DAY
            0 NONE
            5 - 131
            . UNKNOWN (9)
```

F220 **MEDICATIONS: ORAL HYPOGLYCEMICS** 0 NO 1 YES, NOW 2 YES, NOT NOW 3 MAYBE . UNKNOWN (2) F221 MEDICATIONS: ORAL/PATCH ESTROGEN (FOR WOMEN USERS ALSO SEE ESTROGEN SECTION)  $0 \, \text{NO}$ 1 YES, NOW 2 YES, NOT NOW 3 MAYBE . UNKNOWN (3) F222 MEDICATIONS: ORAL GLUCOCORTICOIDS (PREDNISONE, CORTISONE) 0 NO 1 YES, NOW 2 YES, NOT NOW 3 MAYBE . UNKNOWN (3) F223 MEDICATIONS: NON-STEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) (MOTRIN, IBUPROFEN, NAPROSYN, INDOCIN, CLINORIL) 0 NO 1 YES, NOW 2 YES, NOT NOW 3 MAYBE . UNKNOWN (2) F224 MEDICATIONS: ANALGESIC-NARCOTICS (DEMEROL, CODEINE, DILAUDID, ETC) 0 NO 1 YES, NOW 2 YES, NOT NOW 3 MAYBE . UNKNOWN (3)

F225 **MEDICATIONS: ANALGESIC-NON-NARCOTICS** (ACETAMINOPHEN, ETC) 0 NO 1 YES, NOW 2 YES, NOT NOW 3 MAYBE . UNKNOWN (2) F226 **MEDICATIONS: ANTIHISTAMINES** 0 NO1 YES, NOW 2 YES, NOT NOW 3 MAYBE . UNKNOWN (1) MEDICATIONS: ANTIULCER (TAGAMET, RANITIDINE, F227 PROBANTHINE, H ION INHIBITORS)  $0 \, \text{NO}$ 1 YES, NOW 2 YES, NOT NOW 3 MAYBE . UNKNOWN (1) F228 MEDICATIONS: ANTI-ANXIETY, SEDATIVE/HYPNOTICS (LIBRIUM, VALIUM)  $0 \, \text{NO}$ 1 YES, NOW 2 YES, NOT NOW 3 MAYBE . UNKNOWN (2) F229 **MEDICATIONS: SLEEPING PILLS** 0 NO 1 YES, NOW 2 YES, NOT NOW 3 MAYBE . UNKNOWN (2) F230 **MEDICATIONS: ANTI-DEPRESSANTS**  $0 \, \text{NO}$ 1 YES, NOW 2 YES, NOT NOW 3 MAYBE . UNKNOWN (2) F231 **MEDICATIONS: EYEDROPS** 

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0 \, \text{NO}
            1 YES, NOW
            2 YES, NOT NOW
            3 MAYBE
            . UNKNOWN (2)
F232
            MEDICATIONS: ANTIBIOTICS
            0 NO
            1 YES, NOW
            2 YES, NOT NOW
            3 MAYBE
            . UNKNOWN (1)
F233
            MEDICATIONS: ANTI-PARKINSON DRUGS (SINEMET,
          L-DOPA, SYMMETREL, COGENTIN, ETC)
            0 NO
            1 YES, NOW
            2 YES, NOT NOW
            3 MAYBE
            . UNKNOWN (1)
F234
            MEDICATIONS: ANTICONVULSANTS (DILANTIN,
          PHENOBARBITAL, TEGRETOL, MYSOLINE, ETC)
            0 \, \text{NO}
            1 YES, NOW
            2 YES, NOT NOW
            3 MAYBE
            . UNKNOWN (1)
F235
            MEDICATIONS: BRONCHODILATORS AND AEROSOLS
            0 NO
            1 YES, NOW
            2 YES, NOT NOW
            3 MAYBE
            . UNKNOWN (42)
F236
            MEDICATIONS: OTHER
            0 NO
            1 YES, NOW
            2 YES, NOT NOW
            3 MAYBE
            . UNKNOWN (5)
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#### MEDICAL HISTORY - FEMALE GENITOURINARY DISEASE

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VARIABLE	INFORMATION
	<del></del>
F237	MENSTRUAL PERIODS HAVE STOPPED ONE YEAR OR MORE*
	0 NO 1 YES
	8 MAN
	. UNKNOWN (1)
	*SELF-REPORT ONLY, NOT CHECKED AGAINST PREVIOUS
	EXAMS
F238	AGE WHEN PERIODS STOPPED (YEARS)*
	0 NOT STOPPED
	21 - 66
	88 MAN
	. UNKNOWN (38)
	*SELF-REPORT ONLY, NOT CHECKED AGAINST PREVIOUS EXAMS
F239	CAUSE OF CESSATION OF MENSES*
	0 NOT STOPPED
	1 NATURAL
	2 SURGERY
	3 OTHER 8 MAN
	. UNKNOWN (16)
	*SELF-REPORT ONLY, NOT CHECKED AGAINST PREVIOUS
	EXAMS
F240	DID YOU HAVE ONE OR MORE
	MENSTRUAL PERIODS IN LAST 2 MONTHS*
	0 NO
	1 YES 2 UNSURE
	8 MAN OR PERIODS HAVE STOPPED FOR ONE YEAR OR MORE
	(MENOPAUSAL WOMAN)
	. UNKNOWN (54)
	*SELF-REPORT ONLY, NOT CHECKED AGAINST PREVIOUS
	EXAMS

F241	NUMBER OF DAYS SINCE LAST PERIOD
	ENDED* 0 CURRENTLY HAVING MENSTRUAL PERIOD
	1 - 58
	60 60 DAYS OR MORE
	88 MAN OR PERIODS HAVE STOPPED ONE YEAR
	OR MORE (MENOPAUSAL WOMAN)
	. UNKNOWN (91)
	*SELF-REPORT ONLY, NOT CHECKED AGAINST PREVIOUS
	EXAMS
F242	AGE AT HYSTERECTOMY (YEARS)
	* DELETED TO PRESERVE CONFIDENTIALITY
F243	OVARY OR OVARIES REMOVED
	* DELETED TO PRESERVE CONFIDENTIALITY
F244	NUMBER OF LIVE BIRTH
	0 NONE
	5 = 5 OR MORE BIRTHS
	88 MAN
	. UNKNOWN (0)
	*SELF-REPORT ONLY, NOT CHECKED AGAINST PREVIOUS EXAMS
F2.45	A CIE A TETUDA I A I CA TION
F245	AGE AT TUBAL LIGATION  * DELETED TO PRESERVE CONFIDENTIALITY
	* DELETED TO PRESERVE CONFIDENTIALITY
F246	ORAL CONTRACEPTIVES IN INTERIM
	0 NO
	1 YES, NOW
	2 YES, NOT NOW
	8 MAN . UNKNOWN (5)
	. UNKNOWN (3)
F247	ESTROGEN REPLACEMENT IN INTERIM (E.G.PREMARIN)
	0 NO
	1 YES, NOW
	2 YES, NOT NOW 8 MAN
	. UNKNOWN (3)
	· OI 1141 10 1111 (0)

F248 DOSE/DAY OF PREMARIN CONJUGATED ESTROGENS, OR OTHER ORAL ESTROGEN (PICK NEAREST DOSE)  $0 \, \text{NO}$ 1 0.3 MG 2 0.625 MG 3 1.25 MG 4 2.5 MG 5 OTHER . UNKNOWN (52) F249 PATCH DOSE OF ESTROGEN  $0 \, \text{NO}$ 1 0.5 MG/WK 2 OTHER . UNKNOWN (16) F250 NUMBER OF DAYS A MONTH TAKING **ESTROGENS** 0 NO 1 - 30 88 MAN . UNKNOWN (41) F251 ESTROGEN CREAM USE INTERIM  $0 \, \text{NO}$ 1 YES, NOW 2 YES, NOT NOW 8 MAN . UNKNOWN (3) F252 PROGESTERONE USE INTERIM  $0 \, \text{NO}$ 1 YES, NOW 2 YES, NOT NOW 8 MAN . UNKNOWN (6)

#### F253 URINARY DISEASE IN INTERIM - FEMALE

0 NO

1 YES

2 MAYBE

8 MAN

. UNKNOWN (3)

#### F254 KIDNEY DISEASE IN INTERIM - FEMALE

 $0 \, \text{NO}$ 

1 YES

2 MAYBE

8 MAN

. UNKNOWN (3)

#### F255 KIDNEY STONES IN INTERIM - FEMALE

0 NO

1 YES

2 MAYBE

8 MAN

. UNKNOWN (3)

#### MEDICAL HISTORY - MALE GENITOURINARY DISEASE

VARIABLE	INFORMATION
F256	URINARY DISEASE IN INTERIM - MALE
	0 NO
	1 YES
	2 MAYBE
	8 WOMAN
	. UNKNOWN (0)
F257	KIDNEY DISEASE IN INTERIM - MALE
	0 NO
	1 YES
	2 MAYBE
	8 WOMAN
	. UNKNOWN (0)
F258	KIDNEY STONES IN INTERIM - MALE
	0 NO
	1 YES
	2 MAYBE
	8 WOMAN
	. UNKNOWN (0)
E250	DDOCTATE TROUBLE IN INTERIM

F259 PROSTATE TROUBLE IN INTERIM

0 NO 1 YES 2 MAYBE 8 WOMAN . UNKNOWN (1)

F260	PROSTATE SURGERY IN INTERIM  * DELETED TO PRESERVE CONFIDENTIALITY
F261	VASECTOMY HISTORY * DELETED TO PRESERVE CONFIDENTIALITY
F262	AGE AT VASECTOMY (YEARS) * DELETED TO PRESERVE CONFIDENTIALITY

## MEDICAL HISTORY - THYROID, GASTROINTESTINAL, BEVERAGES

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1 - 30

. UNKNOWN (4)

PEPTIC) 0 NO 1 YES . UNKNOWN (10)  F265  INTERIM HIATAL HERNIA 0 NO 1 YES . UNKNOWN (11)  F266  HAVE YOU EVER HAD GALLBLADDER DISEASE 0 NO 1 YES . UNKNOWN (4)  F267  GALLBLADDER PROCEDURE 1 SURGICAL REMOVAL 2 LITHOTROPSY	VARIABLE	INFORMATION
0 NO 1 YES . UNKNOWN (3)  F264  INTERIM ULCER CONDITION (E.G.STOMACH, DUODENT PEPTIC) 0 NO 1 YES . UNKNOWN (10)  F265  INTERIM HIATAL HERNIA 0 NO 1 YES . UNKNOWN (11)  F266  HAVE YOU EVER HAD GALLBLADDER DISEASE 0 NO 1 YES . UNKNOWN (4)  F267  GALLBLADDER PROCEDURE 1 SURGICAL REMOVAL 2 LITHOTROPSY		
I YES . UNKNOWN (3)  F264  INTERIM ULCER CONDITION (E.G.STOMACH, DUODENT PEPTIC) 0 NO 1 YES . UNKNOWN (10)  F265  INTERIM HIATAL HERNIA 0 NO 1 YES . UNKNOWN (11)  F266  HAVE YOU EVER HAD GALLBLADDER DISEASE 0 NO 1 YES . UNKNOWN (4)  F267  GALLBLADDER PROCEDURE 1 SURGICAL REMOVAL 2 LITHOTROPSY	F263	INTERIM DIAGNOSIS OF THYROID CONDITION
F264 INTERIM ULCER CONDITION (E.G.STOMACH, DUODENT PEPTIC) 0 NO 1 YES . UNKNOWN (10)  F265 INTERIM HIATAL HERNIA 0 NO 1 YES . UNKNOWN (11)  F266 HAVE YOU EVER HAD GALLBLADDER DISEASE 0 NO 1 YES . UNKNOWN (4)  F267 GALLBLADDER PROCEDURE 1 SURGICAL REMOVAL 2 LITHOTROPSY		
F264 INTERIM ULCER CONDITION (E.G.STOMACH, DUODENT PEPTIC) 0 NO 1 YES . UNKNOWN (10)  F265 INTERIM HIATAL HERNIA 0 NO 1 YES . UNKNOWN (11)  F266 HAVE YOU EVER HAD GALLBLADDER DISEASE 0 NO 1 YES . UNKNOWN (4)  F267 GALLBLADDER PROCEDURE 1 SURGICAL REMOVAL 2 LITHOTROPSY		
PEPTIC) 0 NO 1 YES . UNKNOWN (10)  F265  INTERIM HIATAL HERNIA 0 NO 1 YES . UNKNOWN (11)  F266  HAVE YOU EVER HAD GALLBLADDER DISEASE 0 NO 1 YES . UNKNOWN (4)  F267  GALLBLADDER PROCEDURE 1 SURGICAL REMOVAL 2 LITHOTROPSY		. UNKNOWN (3)
0 NO 1 YES . UNKNOWN (10)  F265  INTERIM HIATAL HERNIA 0 NO 1 YES . UNKNOWN (11)  F266  HAVE YOU EVER HAD GALLBLADDER DISEASE 0 NO 1 YES . UNKNOWN (4)  F267  GALLBLADDER PROCEDURE 1 SURGICAL REMOVAL 2 LITHOTROPSY	F264	INTERIM ULCER CONDITION (E.G.STOMACH, DUODENUM,
1 YES . UNKNOWN (10)  F265 INTERIM HIATAL HERNIA 0 NO 1 YES . UNKNOWN (11)  F266 HAVE YOU EVER HAD GALLBLADDER DISEASE 0 NO 1 YES . UNKNOWN (4)  F267 GALLBLADDER PROCEDURE 1 SURGICAL REMOVAL 2 LITHOTROPSY		PEPTIC)
. UNKNOWN (10)  F265 INTERIM HIATAL HERNIA 0 NO 1 YES . UNKNOWN (11)  F266 HAVE YOU EVER HAD GALLBLADDER DISEASE 0 NO 1 YES . UNKNOWN (4)  F267 GALLBLADDER PROCEDURE 1 SURGICAL REMOVAL 2 LITHOTROPSY		0 NO
F265 INTERIM HIATAL HERNIA 0 NO 1 YES . UNKNOWN (11)  F266 HAVE YOU EVER HAD GALLBLADDER DISEASE 0 NO 1 YES . UNKNOWN (4)  F267 GALLBLADDER PROCEDURE 1 SURGICAL REMOVAL 2 LITHOTROPSY		1 YES
0 NO 1 YES . UNKNOWN (11)  F266 HAVE YOU EVER HAD GALLBLADDER DISEASE 0 NO 1 YES . UNKNOWN (4)  F267 GALLBLADDER PROCEDURE 1 SURGICAL REMOVAL 2 LITHOTROPSY		. UNKNOWN (10)
1 YES . UNKNOWN (11)  F266 HAVE YOU EVER HAD GALLBLADDER DISEASE 0 NO 1 YES . UNKNOWN (4)  F267 GALLBLADDER PROCEDURE 1 SURGICAL REMOVAL 2 LITHOTROPSY	F265	INTERIM HIATAL HERNIA
. UNKNOWN (11)  F266 HAVE YOU EVER HAD GALLBLADDER DISEASE 0 NO 1 YES . UNKNOWN (4)  F267 GALLBLADDER PROCEDURE 1 SURGICAL REMOVAL 2 LITHOTROPSY		0 NO
F266 HAVE YOU EVER HAD GALLBLADDER DISEASE  0 NO 1 YES . UNKNOWN (4)  F267 GALLBLADDER PROCEDURE 1 SURGICAL REMOVAL 2 LITHOTROPSY		1 YES
0 NO 1 YES . UNKNOWN (4)  F267 GALLBLADDER PROCEDURE 1 SURGICAL REMOVAL 2 LITHOTROPSY		. UNKNOWN (11)
1 YES . UNKNOWN (4)  F267 GALLBLADDER PROCEDURE 1 SURGICAL REMOVAL 2 LITHOTROPSY	F266	HAVE YOU EVER HAD GALLBLADDER DISEASE
. UNKNOWN (4)  F267 GALLBLADDER PROCEDURE 1 SURGICAL REMOVAL 2 LITHOTROPSY		$0\mathrm{NO}$
F267 GALLBLADDER PROCEDURE 1 SURGICAL REMOVAL 2 LITHOTROPSY		1 YES
1 SURGICAL REMOVAL 2 LITHOTROPSY		. UNKNOWN (4)
2 LITHOTROPSY	F267	GALLBLADDER PROCEDURE
		1 SURGICAL REMOVAL
		2 LITHOTROPSY
3 DIAGNOSIS ONLY		3 DIAGNOSIS ONLY
. UNKNOWN (6)		. UNKNOWN (6)
F268 # CUPS OF CAFFEINATED COFFEE PER DAY	F268	# CUPS OF CAFFEINATED COFFEE PER DAY
0 NON DRINKER		

F269	METHOD USED PREDOMINANTLY WITH CAFF. COFFEE  0 NON DRINKER  1 FILTER  2 PERC  3 BOIL  4 INSTANT  8 OTHER  . UNKNOWN (17)
F270	# CUPS OF DECAFFEINATED COFFEE PER DAY 0 NON DRINKER 1 - 15 . UNKNOWN (7)
F271	METHOD USED PREDOMINANTLY WITH DECAFF. COFFEE 0 NON DRINKER 1 FILTER 2 PERC 3 BOIL 4 INSTANT 8 OTHER . UNKNOWN (19)
F272	# CUPS OF CAFFEINATED TEA PER DAY 0 NON DRINKER 1 - 20 . UNKNOWN (4)
F273	# CUPS DECAFFEINATED TEA PER DAY 0 NON DRINKER 1 - 10 . UNKNOWN (7)
F274	# 12-OZ CUPS OF CAFFEINATED COLA PER DAY 0 NON DRINKER 1 - 15 . UNKNOWN (6)
F275	# 12-OZ CUPS OF DECAFFEINATED COLA PER DAY 0 NON DRINKER 1 - 9 . UNKNOWN (9)
F276	# OF BEERS PER WEEK -

```
BOTTLE, CAN, GLASS (12 OZ.)
            0 NONE
            11 OR LESS
            2 - 80
            . UNKNOWN (11)
F277
            # OF DAYS PER WEEK DRINKS BEER
            0 NEVER
            1 - 7
            . UNKNOWN (60)
F278
            ON AVERAGE, LIMIT OF BEER AT ONE PERIOD OF TIME
            0 NONE
            1 - 30
            . UNKNOWN (51)
            # OF GLASSES OF WHITE (OR ROSE) WINE PER WEEK -
F279
               AVERAGE # PER WEEK OVER THE COURSE OF THE YEAR -
                 GLASS (4 OZ)
            0 NEVER
            11 OR LESS
            2 - 30
            . UNKNOWN (15)
F280
            # OF DAYS PER WEEK DRINKS WHITE (OR ROSE) WINE
            0 NONE
            1 - 7
            . UNKNOWN (52)
F281
            ON AVERAGE, LIMIT OF WHITE (OR ROSE)
              WINE AT ONE PERIOD OF TIME
            0 NONE
            1 - 8
```

. UNKNOWN (46)

AVERAGE # PER WEEK OVER THE COURSE OF THE YEAR -

F282 # OF GLASSES OF RED WINE PER WEEK -AVERAGE PER WEEK OVER THE COURSE OF THE YEAR -GLASS (4 OZ) 0 NEVER 11 OR LESS 2 - 28 . UNKNOWN (15) F283 # OF DAYS PER WEEK DRINKS RED WINE 0 NONE 1 - 7 . UNKNOWN (57) F284 ON AVERAGE, LIMIT OF RED WINE AT ONE PERIOD OF TIME 0 NONE 1 - 8 . UNKNOWN (50) F285 # OF COCKTAILS, HIGHBALLS PER WEEK -AVERAGE # PER WEEK OVER THE COURSE OF THE YEAR 0 NEVER 11 OR LESS 2 - 49 . UNKNOWN (21) F286 # OF DAYS PER WEEK DRINKS COCKTAILS, HIGHBALLS 0 NONE 1 - 7 . UNKNOWN (67) F287 ON AVERAGE, LIMIT OF COCKTAILS, HIGHBALLS AT ONE PERIOD OF TIME 0 NONE 1 - 20 . UNKNOWN (61)

#### MEDICAL HISTORY - SMOKING

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VARIABLE INFORMATION

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F288 SMOKED CIGARETTES REGULARLY IN LAST YEAR

0 NO 1 YES

. UNKNOWN (0)

F289 HOW MANY CIGARETTES DO/DID YOU

SMOKE A DAY

0 NONE

11 OR LESS

2 - 60

. UNKNOWN (3)

F290 DO YOU INHALE

0 NO 1 YES

. UNKNOWN (8)

F291 CIGARETTE BRAND

XXXXXXXX FIRST 8 LETTERS OF BRAND 00000000 DID NOT SMOKE REGULARLY

IN LAST YEAR

. UNKNOWN (6)

F292 STRENGTH OF CIGARETTES SMOKED

0 DID NOT SMOKE REGULARLY IN LAST YEAR

1 NORMAL

2 LITE

**3 ULTRALITE** 

. UNKNOWN (25)

F293 TYPE OF CIGARETTES SMOKED

0 DID NOT SMOKE REGULARLY IN LAST YEAR

1 REGULAR 2 MENTHOL

. UNKNOWN (20)

F294 FILTER OF CIGARETTES SMOKED

0 DID NOT SMOKE REGULARLY IN LAST YEAR

1 NONFILTER

2 FILTER

. UNKNOWN (18)

F295 LENGTH OF CIGARETTES SMOKED

0 DID NOT SMOKE REGULARLY IN LAST YEAR

1 REGULAR

2 KING

3 100 MM

4 120 MM

. UNKNOWN (19)

F296 HOW MANY HOURS SINCE LAST CIGARETTE

0 DID NOT SMOKE REGULARLY IN LAST YEAR

1 1 HOUR OR LESS

2 - 22

24 24 OR MORE HOURS

88 CURRENTLY NONSMOKER

. UNKNOWN (10)

F297 DO YOU NOW SMOKE CIGARS

 $0 \, \text{NO}$ 

1 YES, INHALE

2 YES, NO INHALE

. UNKNOWN (12)

F298 DO YOU NOW SMOKE PIPES

0 NO

1 YES, INHALE

2 YES, NO INHALE

. UNKNOWN (12)

F299	DOES YOUR SPOUSE SMOKE NOW 0 NO 1 YES 2 NOT MARRIED . UNKNOWN (13)
F300	SPOUSE SMOKES - HOW MANY TOTAL CIGARETTES/DAY 0 SPOUSE DOES NOT SMOKE NOW 1 - 90 . UNKNOWN (574)
F301	SPOUSE SMOKES - HOW MANY TOTAL PIPES/DAY 0 SPOUSE DOES NOT SMOKE NOW 1 - 15 . UNKNOWN (564)
F302	SPOUSE SMOKES HOW MANY TOTAL CIGARS/DAY 0 SPOUSE DOES NOT SMOKE NOW 1 - 10 . UNKNOWN (563)
F303	SPOUSE SMOKES - HOW MANY CIGARETTES/DAY AT HOME 0 SPOUSE DOES NOT SMOKE NOW 1 - 70 . UNKNOWN (562)
F304	SPOUSE SMOKES - HOW MANY PIPES/DAY AT HOME 0 SPOUSE DOES NOT SMOKE NOW 1 - 10 . UNKNOWN (562)
F305	SPOUSE SMOKES - HOW MANY CIGARS/DAY AT HOME 0 SPOUSE DOES NOT SMOKE NOW 1 - 9 . UNKNOWN (560)
F306	EXCLUDING YOU AND YOUR SPOUSE, HOW MANY OTHER SMOKERS LIVE IN YOUR HOUSEHOLD 0 NONE 1 - 4 98 NURSING HOME RESIDENT . UNKNOWN (8)

#### **MEDICAL HISTORY - RESPIRATORY**

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F307 CHRONIC COUGH IN INTERIM (AT LEAST 3 MONTHS/YR)

 $0 \, \text{NO}$ 

1 YES, PRODUCTIVE

2 YES, NON-PRODUCTIVE

. UNKNOWN (4)

F308 WHAT TYPE OF COUGH

 $0\ NO\ CHRONIC\ COUGH$ 

1 NEW IN INTERIM

2 OLD

. UNKNOWN (25)

F309 WHEEZING OR ASTHMA

0 NO 1 YES

. UNKNOWN (6)

F310 DYSPNEA ON EXERTION

0 NO

1 CLIMBING STAIRS OR VIGOROUS EXERTION 2 RAPID WALKING OR MODERATE EXERTION

**3 ANY SLIGHT EXERTION** 

. UNKNOWN (14)

F311 DYSPNEA HAS INCREASED OVER THE PAST TWO YEARS

0 HAS NOT INCREASED OR DOES NOT HAVE DYSPNEA

1 YES

. UNKNOWN (10)

F312 ORTHOPNEA

 $0 \, \text{NO}$ 

1 YES, NEW IN INTERIM

2 YES, OLD

. UNKNOWN (1)

F313 PAROXYSMAL NOCTURNAL DYSPNEA

 $0 \, \text{NO}$ 

1 YES, NEW IN INTERIM

2 YES, OLD

. UNKNOWN (6)

F314 ANKLE EDEMA BILATERALLY

0 NO

1 YES, NEW IN INTERIM

2 YES, OLD

. UNKNOWN (7)

F315 1ST EXAMINER OPINIONS - BELIEVES CHF

\* DELETED DUE TO MEDICAL REVIEW

F316 1ST EXAMINER OPINIONS - BELIEVES CHRONIC BRONCHITIS

(COUGH THAT PRODUCES SPUTUM AT LEAST 3 MONTHS IN PAST

12 MONTHS)

0 NO

1 YES

2 MAYBE

. UNKNOWN (0)

MEDICAL HISTORY - HEART PART I	
VARIBLE	INFORMATION
F317	ANY CHEST DISCOMFORT SINCE LAST EXAM 0 NO 1 YES 2 MAYBE . UNKNOWN (2)
F318	CHEST DISCOMFORT WITH EXERTION OR EXCITEMENT 0 NO OR NO CHECK DISCOMFORT 1 YES 2 MAYBE . UNKNOWN (12)
F319	CHEST DISCOMFORT WHEN QUIET OR RESTING 0 NO OR NO CHEST DISCOMFORT 1 YES 2 MAYBE . UNKNOWN (12)
F320	DATE OF ONSET (MONTH)  * DELETED TO PRESERVE CONFIDENTIALITY
F321	DATE OF ONSET (YEAR)  * DELETED TO PRESERVE CONFIDENTIALITY
F322	USUAL DURATION (MINUTES) 0 NO CHEST DISCOMFORT 1 1 MINUTE OR LESS 2 - 720 900 15 HOURS OR MORE . UNKNOWN (66)
F323	LONGEST DURATION (MINUTES) 0 NO CHEST DISCOMFORT 1 1 MINUTE OR LESS 2 - 720

# 900 15 HOURS OR MORE . UNKNOWN (43)

F324 LOCATION OF CHEST DISCOMFORT 0 NO CHEST DISCOMFORT 1 CENTRAL STERNUM AND UPPER CHEST 2 L UPPER QUADRANT 3 L LOWER RIBCAGE **4 R CHEST** 5 OTHER **6 COMBINATION** . UNKNOWN (9) F325 RADIATION OF CHEST DISCOMFORT **0 NO RADIATION OR NO CHEST DISCOMFORT** 1 LEFT SHOULDER OR L ARM 2 NECK 3 R SHOULDER OR ARM 4 BACK **5 ABDOMEN** 6 OTHER 7 COMBINATION . UNKNOWN (9) F326 FREQUENCY (NUMBER IN PAST MONTH) 0 NONE OR NO CHEST DISCOMFORT 1 - 100 . UNKNOWN (25) F327 FREQUENCY (NUMBER IN PAST YEAR) 0 NONE OR NO CHEST DISCOMFORT 1 - 720 . UNKNOWN (66) F328 TYPE OF CHEST DISCOMFORT **0 NO CHEST DISCOMFORT** 1 PRESSURE, HEAVY, VISE 2 SHARP 3 DULL

4 OTHER

. UNKNOWN (16)

F329	RELIEF BY NITROGLYCERINE IN LESS
	THAN 15 MIN 0 NO RELIEF OR NO CHEST DISCOMFORT
	1 YES
	8 NOT TRIED
	. UNKNOWN (35)
F330	RELIEF BY REST IN LESS THAN 15 MIN
	0 NO RELIEF OR NO CHEST DISCOMFORT
	1 YES
	8 NOT TRIED
	. UNKNOWN (29)
F331	RELIEF SPONTANEOUSLY IN LESS THAN 15 MIN
	0 NO RELIEF OR NO CHEST DISCOMFORT
	1 YES
	8 NOT TRIED
	. UNKNOWN (18)
F332	RELIEF BY OTHER CAUSE IN LESS THAN
	15 MIN
	0 NO RELIEF OR NO CHEST DISCOMFORT
	1 YES 8 NOT TRIED
	. UNKNOWN (46)
F333	1ST EXAMINER OPINION: ANGINA PECTORIS IN INTERIM
	* DELETED DUE TO MEDICAL REVIEW
F334	1ST EXAMINER OPINION: ANGINA PECTORIS SINCE
	REVASCULARIZATION PROCEDURE
	* DELETED DUE TO MEDICAL REVIEW
F335	1ST EXAMINER OPINION: CORONARY INSUFFICIENCY IN INTERIM
	* DELETED DUE TO MEDICAL REVIEW
F336	1ST EXAMINER OPINION: MYOCARDIAL INFARCT IN INTERIM
	* DELETED DUE TO MEDICAL REVIEW

VARIABLE	INFORMATION 
F337	HAVE YOU FAINTED OR LOST CONSCIOUSNESS IN INTERIM (IF EVENT IMMEDIATELY PRECEDED BY HEAD INJURY OR ACCIDENT, CODE AS NO)  0 NO 1 YES 2 MAYBE . UNKNOWN (2)
F338	FAINTED/L.O.C - NUMBER OF EPISODES IN PAST 2 YRS 0 NONE 1 - 20 . UNKNOWN (4)
F339	FAINTED/L.O.C - MONTH OF FIRST EPISODE * DELETED TO PRESERVE CONFIDENTIALITY
F340	FAINTED/L.O.C YEAR OF FIRST EPISODE * DELETED TO PRESERVE CONFIDENTIALIY
F341	USUAL DURATION OF FAINTING/LOSS OF CONSCIOUSNESS (MINUTES) 0 HAVE NOT FAINTED OR LOST CONSCIOUSNESS IN INTERIM 1 - 90 . UNKNOWN (40)
F342	FAINTED/L.O.C USUAL ACTIVITY PRECEDING EVENT 0 NONE OR HAVE NOT FAINTED OR LOST CONSCIOUSNESS IN INTERIM 1 EXERTION 2 REST 3 DEFECATION/MICTURITION/COUGH 4 EMOTIONAL UPSET 5 ALCOHOL COMSUMPTION 6 TURNING NECK 7 POSTURAL CHANGE (LYING TO STANDING)

8 RECENT MEDICATION CHANGE OR INGESTION

9 OTHER OR COMBINATION

10 PAIN 11 ILLNESS . UNKNOWN (8) F343 FAINTED/L.O.C. - SYMPTOMS:NAUSEA/VOMITING BEFORE EVENT 0 NO OR HAVE NOT FAINTED OR LOST CONSCIOUSNESS **IN INTERIM** 1 YES 2 MAYBE . UNKNOWN (7) F344 FAINTED/L.O.C. - SYMPTOMS: WARNING SIGNS BEFORE EVENT (AURA) 0 NO OR HAVE NOT FAINTED OR LOST CONSCIOUSNESS IN INTERIM 1 YES 2 MAYBE . UNKNOWN (8) F345 FAINTED/L.O.C. - SYMPTOMS: CHEST DISCOMFORT BEFORE EVENT 0 NO OR HAVE NOT FAINTED OR LOST CONSCIOUSNESS IN INTERIM 1 YES 2 MAYBE . UNKNOWN (6) F346 FAINTED/L.O.C. - SYMPTOMS: SHORTNESS OF BREATH BEFORE **EVENT** 0 NO OR HAVE NOT FAINTED OR LOST CONSCIOUSNESS **IN INTERIM** 1 YES 2 MAYBE . UNKNOWN (7) F347 FAINTED/L.O.C. - SYMPTOMS:PALPITATIONS BEFORE EVENT 0 NO OR HAVE NOT FAINTED OR LOST CONSCIOUSNESS IN INTERIM 1 YES 2 MAYBE . UNKNOWN (7) F348 FAINTED/L.O.C. - SYMPTOMS:OTHER BEFORE EVENT 0 NO OR HAVE NOT FAINTED OR LOST CONSCIOUSNESS IN INTERIM 1 YES 2 MAYBE . UNKNOWN (10)

FAINTED/L.O.C. - SYMPTOMS:URINARY/FECAL INCONTINENCE

F349

AFTER EVENT 0 NO OR HAVE NOT FAINTED OR LOST CONSCIOUSNESS IN INTERIM 1 YES 2 MAYBE . UNKNOWN (10) F350 FAINTED/L.O.C. - SYMPTOMS: CONFUSION AFTER EVENT 0 NO OR HAVE NOT FAINTED OR LOST CONSCIOUSNESS IN INTERIM 1 YES 2 MAYBE . UNKNOWN (11) F351 FAINTED/L.O.C. - SYMPTOMS:FOCAL WEAKNESS AFTER EVENT (ARM, LEG) 0 NO OR HAVE NOT FAINTED OR LOST CONSCIOUSNESS IN INTERIM 1 YES 2 MAYBE . UNKNOWN (11) F352 FAINTED/L.O.C. - SYMPTOMS:OTHER AFTER EVENT 0 NO OR HAVE NOT FAINTED OR LOST CONSCIOUSNESS IN INTERIM 1 YES 2 MAYBE . UNKNOWN (14) F353 FAINTED/L.O.C. - DID YOU HAVE ANY INJURY CAUSED BY EVENT 0 NO OR HAVE NOT FAINTED OR LOST CONSCIOUSNESS IN INTERIM 1 YES 2 MAYBE . UNKNOWN (4) F354 FAINTED/L.O.C. - WAS EVENT OBSERVED 0 NO OR HAVE NOT FAINTED OR LOST CONSCIOUSNESS **IN INTERIM** 1 YES 2 MAYBE . UNKNOWN (5) F355 FAINTED/L.O.C. - ER/HOSPITALIZED OR SAW MD \* DELETED TO PRESERVE CONFIDENTIALIY

F356 1ST EXAMINER OPINION: SYNCOPE 0 NO 1 YES 2 MAYBE **3 PRESYNCOPE** . UNKNOWN (2) F357 1ST EXAMINER OPINION: CARDIAC SYNCOPE 0 NO1 YES 2 MAYBE . UNKNOWN (6) 1ST EXAMINER OPINION: VASOVAGAL SYNCOPE F358  $0 \, \text{NO}$ 1 YES 2 MAYBE . UNKNOWN (5) F359 1ST EXAMINER OPINION: SYNCOPE - OTHER  $0 \, \text{NO}$ 1 YES 2 MAYBE . UNKNOWN (7) F360 1ST EXAMINER OPINION: SEIZURE DISORDER

> 0 NO 1 YES 2 MAYBE

. UNKNOWN (7)

## MEDICAL HISTORY - CEREBROVASCULAR

F367

VARIABLE	INFORMATION
F361	SUDDEN MUSCULAR WEAKNESS IN INTERIM 0 NO 1 YES 2 MAYBE . UNKNOWN (8)
F362	SUDDEN SPEECH DIFFICULTY IN INTERIM 0 NO 1 YES 2 MAYBE . UNKNOWN (10)
F363	SUDDEN VISUAL DEFECT IN INTERIM 0 NO 1 YES 2 MAYBE . UNKNOWN (11)
F364	DOUBLE VISION IN INTERIM 0 NO 1 YES 2 MAYBE . UNKNOWN (11)
F365	LOSS OF VISION IN ONE EYE IN INTERIM 0 NO 1 YES 2 MAYBE . UNKNOWN (12)
F366	UNCONSCIOUSNESS IN INTERIM 0 NO 1 YES 2 MAYBE . UNKNOWN (9)

NUMBNESS, TINGLING IN INTERIM

	0 NO 1 YES 2 MAYBE . UNKNOWN (10)
F368	NUMBNESS AND TINGLING IS POSITIONAL 0 NO OR NO NUMBNESS, TINGLING 1 YES 2 MAYBE . UNKNOWN (26)
F369	CT OR MRI SCAN (HEAD) SINCE LAST EXAM * DELETED TO PRESERVE CONFIDENTIALITY
F370	SEEN BY NEUROLOGIST SINCE LAST EXAM * DELETED TO PRESERVE CONFIDENTIALITY
F371	EXAMINER'S OPINION THAT SERIOUS OR SIGNIFICANT CEREBROVASCULAR EVENT TOOK PLACE IN INTERIM * DELETED TO PRESERVE CONFIDENTIALITY
F372	MONTH OF CEREBROVASCULAR EVENT * DELETED TO PRESERVE CONFIDENTIALITY
F373	YEAR OF CEREBROVASCULAR EVENT * DELETED TO PRESERVE CONFIDENTIALITY
F374	CEREBROVASCULAR EVENT - ONSET TIME 0 NO CEREBROVASCULAR EVENT IN INTERIM 1 ACTIVE 2 DURING SLEEP 3 WHILE ARISING . UNKNOWN (29)
F375	CEREBROVASCULAR EVENT - 24 HR MILITARY TIME EXACT/APPROXIMATE HOUR EVENT TOOK PLACE 0 0 HOURS OR NO CEREBROVASCULAR EVENT 1 - 23 . UNKNOWN (34) NOTE: F375 AND F376 TAKEN TOGETHER FORM MILITARY TIME OF EVENT

F376	CEREBROVASCULAR EVENT - 24 HR MILITARY TIME EXACT/ APPROXIMATE MINUTE EVENT TOOK PLACE 0 0 MINUTES OR NO CEREBROVASCULAR EVENT 15 - 45 . UNKNOWN (34) NOTE: F375 AND F376 TAKEN TOGETHER FORM MILITARY TIME OF EVENT
F377	CEREBROVASCULAR EVENT - DURATION EVENT LASTED (DAYS) 0 0 DAYS OR NO CEREBROVASCULAR EVENT 1 - 180 . UNKNOWN (33) NOTE: F377+F378+F379 = TOTAL DURATION OF EVENT
F378	CEREBROVASCULAR EVENT - DURATION EVENT LASTED (HOURS) 0 0 HOURS OR NO CEREBROVASCULAR EVENT 1 - 12 . UNKNOWN (33) NOTE: F377+F378+F379 = TOTAL DURATION OF EVENT
F379	CEREBROVASCULAR EVENT - DURATION EVENT LASTED (MINUTES) 00 0 MINUTES OR NO CEREBROVASCULAR EVENT 1 - 45 . UNKNOWN (33) NOTE: F377+F378+F379 = TOTAL DURATION OF EVENT
F380	CEREBROVASCULAR EVENT - HOSPITALIZED OR SAW MD * DELETED TO PRESERVE CONFIDENTIALITY
F381	CEREBROVASCULAR EVENT - NUMBER OF DAYS STAYED AT * DELETED TO PRESERVE CONFIDENTIALITY
F382	1ST EXAMINER OPINION: STROKE IN INTERIM * DELETED DUE TO MEDICAL REVIEW
F383	1ST EXAMINER OPINION: TRANSIENT ISCHEMIC ATTACK IN INTERIM (TIA) * DELETED DUE TO MEDICAL REVIEW
F384	1ST EXAMINER OPINION: OTHER CEREBROVASCULAR EVENT

# \* DELETED DUE TO MEDICAL REVIEW

#### MEDICAL HISTORY - PERIPHERAL ARTERIAL AND VENOUS

F385 CAN YOU WALK 50 FEET WITHOUT HELP

0 ABLE

1 NEEDS HELP . UNKNOWN (14)

F386 DO YOU HAVE LOWER LIMB DISCOMFORT WHILE WALKING

0 NO 1 YES

. UNKNOWN (43)

F387 DISCOMFORT IN LEFT CALF WHILE WALKING

0 NO 1 YES

. UNKNOWN (49)

F388 DISCOMFORT IN RIGHT CALF WHILE WALKING

0 NO 1 YES

. UNKNOWN (49)

F389 DISCOMFORT IN LOWER LEFT EXTREMITY

(NOT CALF) WHILE WALKING

0 NO 1 YES

. UNKNOWN (50)

F390 DISCOMFORT IN LOWER RIGHT EXTREMITY

(NOT CALF) WHILE WALKING

0 NO 1 YES

. UNKNOWN (50)

F391 L.L. DISCOMFORT WHILE WALKING -

DISCOMFORT OCCURS WITH FIRST STEPS

0 NO 1 YES

. UNKNOWN (50)

F392 L.L. DISCOMFORT WHILE WALKING -DISCOMFORT OCCURS AFTER WALKING A WHILE 0 NO 1 YES . UNKNOWN (51) F393 L.L. DISCOMFORT WHILE WALKING -DISCOMFORT RELATED TO RAPIDITY OF WALKING OR STEEPNESS  $0 \, \text{NO}$ 1 YES . UNKNOWN (67) F394 L.L. DISCOMFORT WHILE WALKING -DISCOMFORT FORCED TO STOP WALKING 0 NO 1 YES . UNKNOWN (51) F395 L.L. DISCOMFORT WHILE WALKING -TIME FOR DISCOMFORT TO BE RELIEVED BY STOPPING (MINUTES)  $0 \, \text{NO}$ WHILE WALKING 1 YES 88 N/A OR DOES NOT STOP WALKING . UNKNOWN (62) F396 L.L. DISCOMFORT WHILE WALKING -NUMBER OF DAYS/MONTH OF LOWER LIMB DISCOMFORT 00 NO L.L. DISCOMFORT WHILE WALKING 1 - 30 . UNKNOWN (93)

F397 IS ONE FOOT COLDER THAN THE OTHER

0 NO 1 YES

. UNKNOWN (21)

F398 PHLEBITIS IN LEFT LEG

0 NO 1 YES

. UNKNOWN (6)

F399 PHLEBITIS IN RIGHT LEG

0 NO 1 YES

. UNKNOWN (24)

F400 LEFT LEG ULCERS

0 NO 1 YES

. UNKNOWN (5)

F401 RIGHT LEG ULCERS

0 NO 1 YES

. UNKNOWN (21)

F402 TREATMENT FOR VARICOSE VEINS IN LEFT LEG

0 NO 1 YES

. UNKNOWN (3)

F403 TREATMENT FOR VARICOSE VEINS IN RIGHT LEG

0 NO 1 YES

. UNKNOWN (23)

F404 1ST EXAMINER OPINION: INTERMITTENT CLAUDICATION

\* DELETED DUE TO MEDICAL REVIEW

F405 1ST EXAMINER OPINION: VENOUS INSUFFICIENCY

0 NO 1 YES 2 MAYBE

. UNKNOWN (5)

### MEDICAL HISTORY - RAYNAUD'S AND HEART SURGERY

RED

1 YES

. UNKNOWN (63)

VARIABLE	INFORMATION 
F406	ARE EITHER YOUR FINGERTIPS OR TOES UNUSUALLY SENSITIVE TO THE COLD 0 NO 1 YES . UNKNOWN (46)
F407	DO YOUR FINGERS EVER SHOW UNUSUAL COLOR CHANGES 0 NO 1 YES . UNKNOWN (53)
F408	FINGERS SHOW UNUSUAL COLOR CHANGES - AT WHAT AGE DID THIS BEGIN 0 FINGERS DO NOT SHOW UNUSUAL COLOR CHANGES 1 - 76 . UNKNOWN (115)
F409	FINGERS SHOW UNUSUAL COLOR CHANGES - DO THEY BECOME WHITE  0 NO OR FINGERS DO NOT SHOW UNUSUAL COLOR CHANGES 1 YES . UNKNOWN (58)
F410	FINGERS SHOW UNUSUAL COLOR CHANGES - DO THEY BECOME BLUE 0 NO OR FINGERS DO NOT SHOW UNUSUAL COLOR CHANGES 1 YES . UNKNOWN (58)
F411	FINGERS SHOW UNUSUAL COLOR CHANGES - DO THEY BECOME

0 NO OR FINGERS DO NOT SHOW UNUSUAL COLOR CHANGES

F412	FINGERS SHOW UNUSUAL COLOR CHANGES - HAVE YOU CONSULTED A DOCTOR FOR COLOR CHANGES OR SENSITIVITY IN FINGERS * DELETED TO PRESERVE CONFIDENTIALITY
F413	HAVE YOU EVER USED VIBRATING POWER TOOLS 0 NO 1 YES . UNKNOWN (26)
F414	USED VIBRATING POWER TOOLS AT HOME 0 NO 1 YES . UNKNOWN (40)
F415	USED VIBRATING POWER TOOLS AT WORK 0 NO 1 YES . UNKNOWN (43)

# HISTORY OF HEART SURGERY (NOT CORONARY SURGERY)

\_\_\_\_\_

VARIABLE	INFORMATION 
F416	HEART SURGERY - AORTIC
	* DELETED DUE TO LOW COUNTS,
	TO PRESERVE CONFIDENTIALITY
F417	HEART SURGERY - MITRAL
	* DELETED DUE TO LOW COUNTS,
	TO PRESERVE CONFIDENTIALITY
F418	HEART SURGERY - TRICUSPID
	* DELETED DUE TO LOW COUNTS,
	TO PRESERVE CONFIDENTIALITY
F419	HEART SURGERY - PULMONIC
	* DELETED DUE TO LOW COUNTS,
	TO PRESERVE CONFIDENTIALITY
F420	YEAR AORTIC HEART SURGERY PERFORMED
	* TO PRESERVE CONFIDENTIALITY
F421	YEAR MITRAL HEART SURGERY PERFORMED
	* TO PRESERVE CONFIDENTIALITY
F422	YEAR TRICUSPID HEART SURGERY PERFORMED
	* TO PRESERVE CONFIDENTIALITY
F423	YEAR PULMONIC HEART SURGERY PERFORMED
	* TO PRESERVE CONFIDENTIALITY

#### MEDICAL HISTORY - CHD AND COMPLICATIONS

VARIABLE	INFORMATION
	<del></del>
F424	EXERCISE TOLERANCE TEST
	0 NO
	1 YES
	2 MAYBE
	. UNKNOWN (7)
F425	YEAR EXERCISE TOLERANCE TEST DONE
	MOST RECENT ONLY
	* DELETED TO PRESERVE CONFIDENTIALITY
F426	CORONARY ARTERIOGRAM
	0 NO
	1 YES
	2 MAYBE
	. UNKNOWN (9)
F427	YEAR CORONARY ARTERIOGRAM DONE
	MOST RECENT ONLY
	* DELETED TO PRESERVE CONDIFENTIALITY

F428 CORONARY ARTERY ANGIOPLASTY

0 NO 1 YES 2 MAYBE

. UNKNOWN (10)

F429 YEAR FIRST CORONARY ARTERY ANGIOPLASTY

DONE

\* DELETED TO PRESERVE CONFIDENTIALITY

F430	TYPE OF PROCEDURE DONE FOR CORONARY ARTERY ANGIOPLASTY
	0 NO CORONARY ARTERY ANGIOPLASTY DONE 1 BALLOON
	2 OTHER
	. UNKNOWN (16)
F431	CORONARY BYPASS SURGERY
	0 NO
	1 YES 2 MAYBE
	. UNKNOWN (12)
	. OTAKAO WIV (12)
F432	YEAR FIRST CORONARY BYPASS SURGERY DONE * DELETED TO PRESERVE CONFIDENTIALITY
T.100	
F433	PERMANENT PACEMAKER INSERTION
	* DELETED TO PRESERVE CONFIDENTIALITY
F434	YEAR FIRST PACEMAKER INSERTION DONE
	* DELETED TO PRESERVE CONFIDENTIALITY
F435	CAROTID ARTERY SURGERY
	* DELETD DUE TO LOW COUNTS
	* DELETED TO PRESERVE CONFIDENTIALITY
F436	YEAR FIRST CAROTID ARTERY SURGERY DONE
	* DELETED TO PRESERVE CONFIDENTIALITY
F437	THORACIC AORTA SURGERY
	* DELETD DUE TO LOW COUNTS
	* DELETED TO PRESERVE CONFIDENTIALITY
F438	YEAR FIRST THORACIC AORTA SURGERY DONE
1 150	* DELETED TO PRESERVE CONFIDENTIALITY
F439	ABDOMINAL AORTA SURGERY
	* DELETD DUE TO LOW COUNTS
	* DELETED TO PRESERVE CONFIDENTIALITY

F440	YEAR FIRST ABDOMINAL AORTA SURGERY DONE
	* DELETED TO PRESERVE CONFIDENTIALITY
F441	FEMORAL OR LOWER EXTREMITY SURGERY
	* DELETD DUE TO LOW COUNTS
	* DELETED TO PRESERVE CONFIDENTIALITY
F442	YEAR FIRST FEMORAL OR LOWER EXTREMITY
	SURGERY DONE
	* DELETED TO PRESERVE CONFIDENTIALITY
F443	LOWER EXTREMITY AMPUTATION
	* DELETED TO PRESERVE CONFIDENTIALITY
F444	YEAR FIRST LOWER EXTREMITY AMPUTATION
	DONE
	* DELETED TO PRESERVE CONFIDENTIALITY

NOTE: F445 - F446 WERE DROPPED FROM THE EXAM FORM

### CANCER SITE AND TYPE


VARIABLE	INFORMATION
F457	HAVE YOU EVER HAD CANCER OR A TUMOR * DELETED DUE TO MEDICAL REVIEW
F458	CANCER : ESOPHAGUS  * DELETED DUE TO MEDICAL REVIEW
F459	CANCER : STOMACH * DELETED DUE TO MEDICAL REVIEW
F460	CANCER: COLON
F461	CANCER : RECTUM  * DELETED DUE TO MEDICAL REVIEW
F462	CANCER : PANCREAS  * DELETED DUE TO MEDICAL REVIEW
F463	CANCER : LARYNX * DELETED DUE TO MEDICAL REVIEW
F464	CANCER: TRACHEA/BRONCHUS/LUNG * DELETED DUE TO MEDICAL REVIEW
F465	CANCER : LEUKEMIA * DELETED DUE TO MEDICAL REVIEW
F466	CANCER : SKIN * DELETED DUE TO MEDICAL REVIEW
F467	CANCER : BREAST * DELETED DUE TO MEDICAL REVIEW
F468	CANCER : CERVIX/UTERUS  * DELETED DUE TO MEDICAL REVIEW

F469	CANCER : OVARY * DELETED DUE TO MEDICAL REVIEW
F470	CANCER : PROSTATE * DELETED DUE TO MEDICAL REVIEW
F471	CANCER : BLADDER * DELETED DUE TO MEDICAL REVIEW
F472	CANCER : KIDNEY * DELETED DUE TO MEDICAL REVIEW
F473	CANCER : BRAIN * DELETED DUE TO MEDICAL REVIEW
F474	CANCER: LYMPHOMA * DELETED DUE TO MEDICAL REVIEW
F475	CANCER : OTHER * DELETED DUE TO MEDICAL REVIEW

# PHYSICAL EXAM - HEAD, NECK, AND RESPIRATORY

-----

2 MAYBE

. UNKNOWN (47)

VARIABLE	INFORMATION
F476	PHYSICIAN SYSTOLIC BLOOD PRESSURE - FIRST READING (TO NEAREST 2MM HG) 76 - 230
	. UNKNOWN (2)
F477	PHYSICIAN DIASTOLIC BLOOD PRESSURE - FIRST READING (TO NEAREST 2MM HG) 42 - 126
	. UNKNOWN (3)
F478	CORNEAL ARCUS 0 NO
	1 SLIGHT 2 MODERATE
	3 MARKED . UNKNOWN (46)
F479	XANTHELASMA
	0 NO 1 YES
	2 MAYBE
	. UNKNOWN (47)
F480	XANTHOMATA
	0 NO
	1 YES 2 MAYBE
	. UNKNOWN (46)
F481	ACHILLES TENDON XANTHOMATA
	0 NO
	1 YES

F482 PALMAR XANTHOMATA  $0 \, \text{NO}$ 

1 YES

2 MAYBE

. UNKNOWN (47)

F483 TUBEROUS XANTHOMATA

> $0 \, \text{NO}$ 1 YES

2 MAYBE

. UNKNOWN (47)

F484 THYROID ABNORMALITY

> 0 NO 1 YES

2 MAYBE

. UNKNOWN (56)

THYROID ABNORMALITY - SCAR F485

> 0 NO 1 YES

2 MAYBE

. UNKNOWN (59)

F486 THYROID ABNORMALITY - OTHER

> 0 NO 1 YES 2 MAYBE

. UNKNOWN (59)

F487 THYROID ABNORMALITY - DIFFUSE ENLARGEMENT

> $0 \, \text{NO}$ 1 YES 2 MAYBE

. UNKNOWN (59)

F488 THYROID ABNORMALITY - SINGLE NODULE

> $0 \, \text{NO}$ 1 YES 2 MAYBE

. UNKNOWN (59)

F489 THYROID ABNORMALITY - MULTIPLE NODULES

0 NO

1 YES

2 MAYBE

. UNKNOWN (60)

F490 RESPIRATORY: INCREASED ANTERIOR-POSTERIOR DIAMETER

0 NO

1 YES

2 MAYBE

. UNKNOWN (44)

F491 RESPIRATORY: FIXED THORAX

0 NO

1 YES

2 MAYBE

. UNKNOWN (44)

F492 RESPIRATORY: OTHER

 $0 \, \text{NO}$ 

1 YES

2 MAYBE

. UNKNOWN (44)

F493 RESPIRATORY: WHEEZING ON AUSCULTATION

 $0 \, \text{NO}$ 

1 YES

2 MAYBE

. UNKNOWN (44)

F494 RESPIRATORY: RALES

 $0 \, \text{NO}$ 

1 YES

2 MAYBE

. UNKNOWN (44)

F495 RESPIRATORY: OTHER ABNORMAL BREATH SOUNDS

0 NO

1 YES

2 MAYBE

. UNKNOWN (44)

#### PHYSICAL EXAM - HEART

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VARIABLE INFORMATION

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F496 HEART: LEFT HEART ENLARGEMENT

0 NO 1 YES

. UNKNOWN (59)

F497 HEART: RIGHT HEART ENLARGEMENT

0 NO 1 YES

. UNKNOWN (54)

F498 HEART: S3 GALLOP

0 NO 1 YES

. UNKNOWN (46)

F499 HEART: S4 GALLOP

0 NO 1 YES

. UNKNOWN (47)

F500 HEART: SYSTOLIC CLICK

0 NO 1 YES 2 MAYBE

. UNKNOWN (47)

F501 HEART: DIASTOLIC CLICK

0 NO 1 YES 2 MAYBE

. UNKNOWN (46)

F502 HEART: ABNORMALLY SPLIT S2

0 NO 1 YES 2 MAYBE

. UNKNOWN (46)

F503 HEART: DIMINISHED A2

0 NO 1 YES 2 MAYBE

. UNKNOWN (46)

F504 HEART: NECK VEIN DISTENTION AT 45 DEGREES

0 NO 1 YES 2 MAYBE

. UNKNOWN (59)

F505 HEART: OTHER

0 NO 1 YES 2 MAYBE

. UNKNOWN (51)

F506 SYSTOLIC MURMUR(S)

0 NO 1 YES 2 MAYBE

. UNKNOWN (46)

F507 SYSTOLIC MURMUR: GRADE OF APEX MURMUR

0 NO SOUND OR NO APICAL MURMUR

1 - 6

. UNKNOWN (52)

F508 SYSTOLIC MURMUR: TYPE OF APEX MURMUR

0 NONE OR NO APICAL MURMUR

1 EJECTION

2 REGURGITANT

3 OTHER

. UNKNOWN (53)

0 NONE OR NO APICAL MURMUR 1 AXILLA 2 NECK 3 BACK 4 RT CHEST . UNKNOWN (52) F510 SYSTOLIC MURMUR: VALSALVA OF APEX MURMUR 0 NO CHANGE OR NO APICAL MURMUR 1 INCREASE 2 DECREASE . UNKNOWN (113) F511 SYSTOLIC MURMUR: ORIGIN OF APEX MURMUR 0 NONE, INDET., OR OR NO APICAL MURMUR 1 MITRAL 2 AORTIC 3 TRICUSPID 4 PULM . UNKNOWN (74) F512 SYSTOLIC MURMUR: GRADE OF LEFT STERNUM MURMUR 0 NO SOUND HEARD OR NO LEFT STERNUM MURMUR 1 - 6 . UNKNOWN (53) F513 SYSTOLIC MURMUR: TYPE OF LEFT STERNUM MURMUR 0 NONE OR NO LEFT STERNUM MURMUR 1 EJECTION 2 REGURGITANT 3 OTHER . UNKNOWN (59) F514 SYSTOLIC MURMUR: RADIATION OF LEFT STERNUM MURMUR 0 NONE OR NO LEFT STERNUM MURMUR 1 AXILLA 2 NECK 3 BACK 4 RT CHEST . UNKNOWN (58)

SYSTOLIC MURMUR: RADIATION OF APEX MURMUR

F509

F515	SYSTOLIC MURMUR: VALSALVA OF LEFT STERNUM MURMUR 0 NO CHANGE OR OR NO LEFT STERNUM MURMUR 1 INCREASE 2 DECREASE . UNKNOWN (136)
F516	SYSTOLIC MURMUR: ORIGIN OF LEFT STERNUM MURMUR  0 NONE, INDET. OR NO LEFT STERNUM MURMUR  1 MITRAL  2 AORTIC  3 TRICUSPID  4 PULM  . UNKNOWN (105)
F517	SYSTOLIC MURMUR: GRADE OF BASE MURMUR 0 NO SOUND HEARD OR NO BASE MURMUR 1 - 6 . UNKNOWN (53)
F518	SYSTOLIC MURMUR: TYPE OF BASE MURMUR  0 NONE OR NO BASE MURMUR  1 EJECTION  2 REGURGITANT  3 OTHER  . UNKNOWN (58)
F519	SYSTOLIC MURMUR: RADIATION OF BASE MURMUR  0 NONE OR NO BASE MURMUR  1 AXILLA  2 NECK  3 BACK  4 RT CHEST  . UNKNOWN (57)
F520	SYSTOLIC MURMUR: VALSALVA OF BASE MURMUR 0 NO CHANGE OR NO BASE MURMUR 1 INCREASE 2 DECREASE . UNKNOWN (130)

F521 SYSTOLIC MURMUR: ORIGIN OF BASE MURMUR

0 NONE, INDET. OR NO BASE MURMUR

1 MITRAL

2 AORTIC

3 TRICUSPID

4 PULM

. UNKNOWN (92)

F522 DIASTOLIC MURMUR

0 NO

1 YES

2 MAYBE

. UNKNOWN (46)

F523 VALVE OF ORIGIN FOR DIASTOLIC MURMUR

0 NO DIASTOLIC MURMUR

1 MITRAL

2 AORTIC

3 BOTH

4 OTHER

. UNKNOWN (48)

## PHYSICAL EXAM - BREASTS AND ABDOMEN

|--|

VARIABLE	INFORMATION
	<del></del>
F524	BREAST ABNORMALITY
	0 NO
	1 YES
	. UNKNOWN (701)
F525	BREAST ABNORMALITY - LOCALIZED MASS
	0 NO
	1 YES
	. UNKNOWN (748)
F526	BREAST ABNORMALITY - AXILLARY NODES
	0 NO
	1 YES
	. UNKNOWN (595)
F527	BREAST SURGERY
	* DELETED TO PRESERVE CONFIDENTIALITY
F528	BREAST SURGERY - PROCEDURE FOR LEFT BREAST
Γ320	(USE LOWEST CODE)
	* DELETED TO PRESERVE CONFIDENTIALITY
F529	BREAST SURGERY - PROCEDURE FOR RIGHT BREAST
	(USE LOWEST CODE)
	* DELETED TO PRESERVE CONFIDENTIALITY

F530 ABDOMINAL ABNORMALITIES: LIVER ENLARGED  $0 \, \text{NO}$ 1 YES 2 MAYBE . UNKNOWN (60) F531 ABDOMINAL ABNORMALITIES: SURGICAL SCAR\*  $0 \, \text{NO}$ 1 YES 2 MAYBE . UNKNOWN (54) \* NOTE: F531 AND F534 ARE INDEPENDENT F532 ABDONIMAL ABNORMALITIES: ABDOMINAL ANEURYSM 0 NO 1 YES 2 MAYBE . UNKNOWN (56) F533 ABDOMINAL ABNORMALITIES: BRUIT  $0 \, \text{NO}$ 1 YES 2 MAYBE . UNKNOWN (52) ABDOMINAL ABNORMALITIES: SURGICAL GALLBLADDER SCAR\* F534  $0 \, \text{NO}$ 1 YES 2 MAYBE . UNKNOWN (51) \* NOTE: F531 AND F534 ARE INDEPENDENT F535 ABDOMINAL ABNORMALITIES: OTHER 0 NO 1 YES 2 MAYBE . UNKNOWN (59)

### PHYSICAL EXAM - PERIPHERAL VESSELS - PART I

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VARIABLE	INFORMATION
F536	VARICOSITIES: LEFT STEM
	0 NO ABNORMALITY
	1 UNCOMPLICATED
	2 WITH SKIN CHANGESOA
	3 WITH ULCER
	. UNKNOWN (49)
F537	VARICOSITIES: RIGHT STEM
	0 NO ABNORMALITY
	1 UNCOMPLICATED
	2 WITH SKIN CHANGES
	3 WITH ULCER
	. UNKNOWN (50)
F538	VARICOSITIES: LEFT RETICULAR
	0 NO ABNORMALITY
	1 UNCOMPLICATED
	2 WITH SKIN CHANGES
	3 WITH ULCER
	. UNKNOWN (52)
F539	VARICOSITIES: RIGHT RETICULAR
	0 NO ABNORMALITY
	1 UNCOMPLICATED
	2 WITH SKIN CHANGES
	3 WITH ULCER
	. UNKNOWN (53)
F540	VARICOSITIES: LEFT SPIDER
	0 NO ABNORMALITY
	1 UNCOMPLICATED
	2 WITH SKIN CHANGES
	3 WITH ULCER
	. UNKNOWN (50)

F541	VARICOSITIES: RIGHT SPIDER 0 NO ABNORMALITY 1 UNCOMPLICATED 2 WITH SKIN CHANGES 3 WITH ULCER . UNKNOWN (51)
F542	LEFT ANLKLE EDEMA 0 NO 1 YES 2 MAYBE . UNKNOWN OR ABSENT DUE TO AMPUTATION
F543	RIGHT ANKLE EDEMA 0 NO 1 YES 2 MAYBE . UNKNOWN OR ABSENT DUE TO AMPUTATION
F544	LEFT FOOT COLD 0 NO 1 YES 2 MAYBE . UNKNOWN OR ABSENT DUE TO AMPUTATION
F545	RIGHT FOOT COLD 0 NO 1 YES 2 MAYBE . UNKNOWN OR ABSENT DUE TO AMPUTATION
F546	LEFT AMPUTATION  * DELETED TO PRESERVE CONFIDENTIALITY
F547	RIGHT AMPUTATION  * DELETED TO PRESERVE CONFIDENTIALITY
F548	LEFT AMPUTATION LEVEL  * DELETED TO PRESERVE CONFIDENTIALITY
F549	RIGHT AMPUTATION LEVEL  * DELETED TO PRESERVE CONFIDENTIALITY

## PHYSICAL EXAM - PERIPHERAL VESSELS - PART II

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VARIABLE	INFORMATION
F550	LEFT RADIAL PULSE 0 NORMAL 1 ABNORMAL . UNKNOWN (49)
F551	RIGHT RADIAL PULSE 0 NORMAL 1 ABNORMAL . UNKNOWN (51)
F552	LEFT FEMORAL PULSE 0 NORMAL 1 ABNORMAL . UNKNOWN (87)
F553	RIGHT FEMORAL PULSE 0 NORMAL 1 ABNORMAL . UNKNOWN (90)
F554	LEFT FEMORAL BRUIT 0 NORMAL 1 ABNORMAL . UNKNOWN (89)
F555	RIGHT FEMORAL BRUIT 0 NORMAL 1 ABNORMAL . UNKNOWN (96)
F556	LEFT MID-THIGH BRUIT 0 NORMAL 1 ABNORMAL . UNKNOWN (81)
F557	RIGHT MID-THIGH BRUIT 0 NORMAL 1 ABNORMAL . UNKNOWN (88)

F558 LEFT POPLITEAL BRUIT

0 NORMAL 1 ABNORMAL . UNKNOWN (78)

F559 RIGHT POPLITEAL BRUIT

0 NORMAL 1 ABNORMAL . UNKNOWN (85)

F560 LEFT POST TIBIAL PULSE

0 NORMAL 1 ABNORMAL . UNKNOWN (67)

F561 RIGHT POST TIBIAL PULSE

0 NORMAL 1 ABNORMAL . UNKNOWN (69)

F562 LEFT DORSALIS PEDIS PULSE

0 NORMAL 1 ABNORMAL . UNKNOWN (62)

F563 RIGHT DORSALIS PEDIS PULSE

0 NORMAL 1 ABNORMAL . UNKNOWN (65)

# PHYSICAL EXAM - NEUROLOGICAL AND FINAL BLOOD PRESSURE

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VARIABLE	INFORMATION
F564	LEFT CAROTID BRUIT 0 NO 1 YES 2 MAYBE . UNKNOWN (44)
F565	RIGHT CAROTID BRUIT 0 NO 1 YES 2 MAYBE . UNKNOWN (45)
F566	SPEECH DISTURBANCE 0 NO 1 YES 2 MAYBE . UNKNOWN (45)
F567	DISTURBANCE IN GAIT 0 NO 1 YES 2 MAYBE . UNKNOWN (45)
F568	LOCALIZED MUSCLE WEAKNESS 0 NO 1 YES 2 MAYBE . UNKNOWN (57)
F569	VISUAL DISTURBANCE 0 NO 1 YES 2 MAYBE . UNKNOWN (359)

F570 ABNORMAL REFLEXES  $0 \, \text{NO}$ 1 YES 2 MAYBE . UNKNOWN (67) F571 CRANIAL NERVE ABNORMALITY 0 NO 1 YES 2 MAYBE . UNKNOWN (82) F572 **CEREBELLAR SIGNS**  $0 \, \text{NO}$ 1 YES 2 MAYBE . UNKNOWN (286) F573 SENSORY IMPAIRMENT 0 NO 1 YES 2 MAYBE . UNKNOWN (297) F574 1ST EXAMINER BELIEVES RESIDUAL OF STROKE \* DELETED DUE TO MEDICAL REVIEW F575 1ST EXAMINER BELIEVES PARKINSON'S DISEASE  $0 \, \text{NO}$ 1 YES 2 MAYBE . UNKNOWN (47) F576 PHYSICIAN SYSTOLIC BLOOD PRESSURE - SECOND READING (TO NEAREST 2MM HG) 78 - 242 . UNKNOWN (6) F577 PHYSICIAN DIASTOLIC BLOOD PRESSURE - SECOND READING (TO NEAREST 2MM HG) 40 - 118 . UNKNOWN (7)

#### ELECTROCARDIOGRAPH - PART I

VARIABLE	INFORMATION

F578 **ECG DONE** 

> $0 \, \text{NO}$ 1 YES

. UNKNOWN (0)

F579 VENTRICULAR RATE PER MINUTE

35 - 120

. UNKNOWN (0)

F580 P-R INTERVAL (HUNDREDTHS OF A SECOND)

10 - 29

. UNKNOWN (43)

F581 QRS INTERVAL (HUNDREDTHS OF A SECOND)

5 - 20

. UNKNOWN (8)

F582 Q-T INTERVAL (HUNDREDTHS OF A SECOND)

31 - 55

. UNKNOWN (9)

F583 **ORS ANGLE** 

-80 - 105

. UNKNOWN (8)

F584 **RHYTHM** 

**0 OR 1 NORMAL SINUS** 

3 2ND DEGREE AV BLOCK, MOBITZ I (WENCKEBACK)

4 2ND DEGREE AV BLOCK, MOBITZ II

5 3RD DEGREE AV BLOCK/AV DISSOCIATION

6 ATRIAL FIBRILLATION/ATRIAL FLUTTER

7 NODAL

9 PACED OR OTHER OR COMBINATION OF ABOVE

```
F585
            IV BLOCK
            0 NO
            1 YES
            . FULLY PACED, OR UNKNOWN (9)
            IV BLOCK PATTERN
F586
            1 LEFT
            2 RIGHT
            3 INDETERMINATE
            . UNKNOWN (9)
            IV BLOCK COMPLETE (QRS INTERVAL =
F587
          .12 SECONDS OR GREATER)
            0 \, \text{NO}
            1 YES
            . UNKNOWN (9)
F588
            IV BLOCK INCOMPLETE (QRS INTERVAL =
           .10 OR .11 SECONDS)
            0 \, \text{NO}
            1 YES
            . UNKNOWN (9)
F589
            HEMIBLOCK
            0 NO
            1 LEFT ANT.
            2 LEFT POST.
            . FULLY PACED OR UNKNOWN (9)
F590
            WPW SYNDROME
            0 NO
            1 YES
            2 MAYBE
            . FULLY PACED OR UNKNOWN (11)
F591
            ATRIAL PREMATURE BEATS
            0 \, \text{NO}
            1 ATR
            2 ATR ABER
            . UNKNOWN (7)
```

F592	VENTRICULAR PREMATURE BEATS 0 NO 1 SIMPLE 2 MULTIFOC 3 PAIRS 4 RUN 5 R ON T . UNKNOWN (1)
F593	NUMBER OF VENTRICULAR PREMATURE BEATS IN TEN SECONDS 0 NONE 1 - 5 . UNKNOWN (1)
F594	MYOCARDIAL INFARCTION LOCATION:ANTERIOR 0 NO 1 YES 2 MAYBE . FULLY PACED OR UNKNOWN (23)
F595	MYOCARDIAL INFARCTION LOCATION:INFERIOR 0 NO 1 YES 2 MAYBE . FULLY PACED OR UNKNOWN (16)
F596	MYOCARDIAL INFARCTION LOCATION:TRUE POSTERIOR 0 NO 1 YES 2 MAYBE . FULLY PACED OR UNKNOWN (25)
F597	LEFT VENTRICULAR HYPERTROPHY CRITERIA: R > 20 MM IN ANY LIMB LEAD 0 NO 1 YES . FULLY PACED, COMPLETE LBBB OR UNKNOWN (30)

F598 LEFT VENTRICULAR HYPERTROPHY CRITERIA: R > 11 MM IN AVL  $0 \, \text{NO}$ 1 YES . FULLY PACED, COMPLETE LBBB OR UNKNOWN (30) F599 LEFT VENTRICULAR HYPERTROPHY CRITERIA: R IN LEAD I PLUS S >= 25 MM IN LEAD III  $0 \, \text{NO}$ 1 YES . FULLY PACED, COMPLETE LBBB OR UNKNOWN (31) F600 MEASURED VOLTAGE: R AVL IN MM (1MV = 10 MM STANDARD) 0 - 19. UNKNOWN (10) F601 MEASURED VOLTAGE: S V3 IN MM (1MV = 10 MM STANDARD) 0 - 40. UNKNOWN (11) F602 R IN V5OR V6: S IN V1 OR V2: R>=25MM  $0 \, \text{NO}$ 1 YES . FULLY PACED, COMPLETE LBBB OR UNKNOWN (32) F603 R IN V5OR V6: S IN V1 OR V2: S>=25MM 0 NO 1 YES . FULLY PACED, COMPLETE LBBB OR UNKNOWN (31) F604 R IN V5OR V6: S IN V1 OR V2: R OR S >= 30MM0 NO 1 YES . FULLY PACED, COMPLETE LBBB OR UNKNOWN (31)

```
F605
            R IN V5OR V6: S IN V1 OR V2:
          R + S >= 35MM
           0 NO
           1 YES
           . FULLY PACED, COMPLETE LBBB OR UNKNOWN (31)
F606
            R IN V5OR V6: S IN V1 OR V2:
          INTRINSICOID DEFLECTION >= .05 SECONDS
           0 \, \text{NO}
           1 YES
           . FULLY PACED, COMPLETE LBBB OR UNKNOWN (30)
F607
            R IN V5OR V6: S IN V1 OR V2:
          ST DEPRESSION
           0 \, \text{NO}
           1 YES
           . FULLY PACED, COMPLETE LBBB OR UNKNOWN (29)
F608
            NONSPECIFIC S-T SEGMENT ABNORMALITY
           0 NO
           1 YES
           2 MAYBE
           . PACED OR UNKNOWN (13)
F609
            NONSPECIFIC T-WAVE ABNORMALITY
           0 NO
           1 YES
           2 MAYBE
           . PACED OR UNKNOWN (12)
F610
            U-WAVE PRESENT
           0 \text{ NO}
           1 YES
           2 MAYBE
           . PACED OR UNKNOWN (11)
F611
            ATRIAL ENLARGEMENT
           0 NONE
           1 LEFT
           2 RIGHT
           3 BOTH
           . ATRIAL FIB. OR UNKNOWN (50)
```

F612	RVH (IF COMPLETE RBBB PRESENT, RVH=UNKNOWN
	0 NO
	1 YES
	2 MAYBE
	. FULLY PACED OR UNKNOWN (136)

F613 LVH (IF COMPLETE LBBB PRESENT, LVH=UNKNOWN)

0 NO

1 LVH WITH STRAIN

2 LVH WITH MILD S-T SEGMENT ABN.

3 LVH BY VOLTAGE ONLY

. FULLY PACED OR UNKNOWN (49)

# CLINICAL DIAGNOSTIC IMPRESSION - PART I

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VARIABLE	INFORMATION
F614	CDI: ANGINA PECTORIS*  * DELETED DUE TO MEDICAL REVIEW
F615	CDI: CORONARY INSUFFICIENCY* * DELETED DUE TO MEDICAL REVIEW
F616	CDI: MYOCARDIAL INFARCT* * DELETED DUE TO MEDICAL REVIEW
F617	CDI: RHEUMATIC HEART DISEASE*  0 NO  1 YES  2 MAYBE . UNKNOWN (48)  * DIAGNOSTIC IMPRESSION-NOT HARD DATA-USE WITH CAUTION
F618	CDI: AORTIC VALVE DISEASE*  0 NO 1 YES 2 MAYBE . UNKNOWN (48) * DIAGNOSTIC IMPRESSION-NOT HARD DATA-USE WITH CAUTION
F619	CDI: MITRAL VALVE DISEASE*  0 NO 1 YES 2 MAYBE . UNKNOWN (49) * DIAGNOSTIC IMPRESSION-NOT HARD DATA-USE WITH CAUTION

F620 CDI: OTHER HEART DISEASE (INCLUDES CONGENITAL)\*

0 NO

1 YES

2 MAYBE

. UNKNOWN (48)

\* DIAGNOSTIC IMPRESSION-NOT HARD DATA-USE WITH CAUTION

F621 CDI: CONGESTIVE HEART FAILURE\*

\* DELETED DUE TO MEDICAL REVIEW

F622 CDI: ARRHYTHMIA\*

 $0\,\mathrm{NO}$ 

1 YES

2 MAYBE

. UNKNOWN (45)

\* DIAGNOSTIC IMPRESSION-NOT HARD DATA-USE WITH CAUTION

F623 CDI: FUNCTIONAL CLASS (NY HEART ASSOC. CLASSIFICATION)\*

 $0 \, \text{NO}$ 

1 ORDINARY PHYSICAL ACTIVITY, DOES NOT

**CAUSE SYMPTOMS** 

2 ORDINARY PHYSICAL ACTIVITY, RESULTS

IN SYMPTOMS

3 LESS THAN ORDINARY PHYSICAL ACTIVITY

**RESULTS IN SYMPTOMS** 

4 ANY PHYSICAL ACTIVITY RESULTS IN SYMPTOMS

. UNKNOWN (46)

# CLINICAL DIAGNOSTIC IMPRESSION - PART II

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VARIABLE	INFORMATION
F624	CDI: INTERMITTENT CLAUDICATION*  * DELETED DUE TO MEDICAL REVIIEW
F625	CDI: OTHER PERIPHERAL VASCULAR DISEASE* 0 NO 1 YES 2 MAYBE . UNKNOWN (45) * DIAGNOSTIC IMPRESSION-NOT HARD DATA-USE WITH CAUTION
F626	CDI: STEM VARICOSE VEINS* 0 NO 1 YES 2 MAYBE . UNKNOWN (47) * DIAGNOSTIC IMPRESSION-NOT HARD DATA-USE WITH CAUTION
F627	CDI: PHLEBITIS* 0 NO 1 YES 2 MAYBE . UNKNOWN (45) * DIAGNOSTIC IMPRESSION-NOT HARD DATA-USE WITH CAUTION
F628	CDI: OTHER VASCULAR DIAGNOSIS* 0 NO 1 YES 2 MAYBE . UNKNOWN (45) * DIAGNOSTIC IMPRESSION-NOT HARD DATA-USE WITH CAUTION
F629	CDI: STROKE*  * DELETED DUE TO MEDICAL REVIEW

F630	CDI: TRANSIENT ISCHEMIC ATTACK (TIA)*
	* DELETED DUE TO MEDICAL REVIEW

F631 CDI: DEMENTIA\*

0 NO

1 YES

2 MAYBE

. UNKNOWN (47)

\* DIAGNOSTIC IMPRESSION-NOT HARD DATA-USE WITH CAUTION

F632 CDI: PARKINSON'S DISEASE\*

 $0 \, \text{NO}$ 

1 YES

2 MAYBE

. UNKNOWN (46)

\* DIAGNOSTIC IMPRESSION-NOT HARD DATA-USE WITH CAUTION

F633 CDI: OTHER NEUROLOGICAL DISEASE\*

 $0 \, \text{NO}$ 

1 YES

2 MAYBE

. UNKNOWN (50)

# CLINICAL DIAGNOSTIC IMPRESSION - PART III

VARIABLE	INFORMATION
	<del></del>
F634	CDI: DIABETES MELLITUS*
	* DELETED DUE TO MEDICAL REVIEW
F635	CDI: URINARY TRACT DISEASE*
	0 NO
	1 YES
	2 MAYBE
	. UNKNOWN (16)
	* DIAGNOSTIC IMPRESSION-NOT HARD DATA-USE WITH CAUTION
F636	CDI: PROSTATE DISEASE*
	0 NO
	1 YES
	2 MAYBE
	. UNKNOWN (10)
	* DIAGNOSTIC IMPRESSION-NOT HARD DATA-USE WITH CAUTION
F637	CDI: RENAL DISEASE*
	0 NO
	1 YES
	2 MAYBE
	. UNKNOWN (17)
	* DIAGNOSTIC IMPRESSION-NOT HARD DATA-USE WITH CAUTION
F638	CDI: EMPHYSEMA*
	0 NO
	1 YES
	2 MAYBE
	. UNKNOWN (19)
	* DIAGNOSTIC IMPRESSION-NOT HARD DATA-USE WITH CAUTION

F639 CDI: CHRONIC BRONCHITIS\*

 $0 \, \text{NO}$ 

1 YES

2 MAYBE

. UNKNOWN (13)

\* DIAGNOSTIC IMPRESSION-NOT HARD DATA-USE WITH CAUTION

F640 CDI: PNEUMONIA\*

 $0 \, \text{NO}$ 

1 YES

2 MAYBE

. UNKNOWN (13)

\* DIAGNOSTIC IMPRESSION-NOT HARD DATA-USE WITH CAUTION

F641 CDI: ASTHMA\*

0 NO

1 YES

2 MAYBE

. UNKNOWN (15)

\* DIAGNOSTIC IMPRESSION-NOT HARD DATA-USE WITH CAUTION

F642 CDI: OTHER PULMONARY DISEASE\*

 $0 \, \text{NO}$ 

1 YES

2 MAYBE

. UNKNOWN (16)

\* DIAGNOSTIC IMPRESSION-NOT HARD DATA-USE WITH CAUTION

F643 CDI: GOUT\*

 $0 \, \text{NO}$ 

1 YES

2 MAYBE

. UNKNOWN (14)

F644 CDI: DEGENERATIVE JOINT DISEASE\*

0 NO

1 YES

2 MAYBE

. UNKNOWN (36)

\* DIAGNOSTIC IMPRESSION-NOT HARD DATA-USE WITH CAUTION

F645 CDI: RHEUMATOID ARTHRITIS\*

 $0 \, \text{NO}$ 

1 YES

2 MAYBE

. UNKNOWN (37)

\* DIAGNOSTIC IMPRESSION-NOT HARD DATA-USE WITH CAUTION

F646 CDI: GALLBLADDER DISEASE\*

0 NO

1 YES

2 MAYBE

. UNKNOWN (14)

\* DIAGNOSTIC IMPRESSION-NOT HARD DATA-USE WITH CAUTION

F647 CDI: OTHER NON C-V DIAGNOSIS\*

 $0 \, \text{NO}$ 

1 YES

2 MAYBE

. UNKNOWN (19)

## SECOND EXAMINER OPINIONS IN INTERIM

VARIABLE	INFORMATION
F648	2ND EXAMINER ID NUMBER * DELETED TO PRESERVE CONFIDENTIALITY
F649	2ND EXAMINER OPINION: CONGESTIVE HEART FAILURE * DELETED DUE TO MEDICAL REVIEW
F650	2ND EXAMINER OPINION: CARDIAC SYNCOPE 0 NO 1 YES 2 MAYBE 8 MAN . UNKNOWN (3368)
F651	2ND EXAMINER OPINION: ANGINA PECTORIS * DELETED DUE TO MEDICAL REVIEW
F652	2ND EXAMINER OPINION: CORONARY INSUFFICIENCY

\* DELETED DUE TO MEDICAL REVIEW

F653	2ND EXAMINER OPINION: MYOCARDIAL INFARCT * DELETED DUE TO MEDICAL REVIEW
F654	2ND EXAMINER OPINION: INTERMITTENT CLAUDICATION * DELETED DUE TO MEDICAL REVIEW
F655	2ND EXAMINER OPINION: STROKE * DELETED DUE TO MEDICAL REVIEW
F656	2ND EXAMINER OPINION: TIA * DELETED DUE TO MEDICAL REVIEW

#### CANCER SCREENING INFORMATION

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F657 HAVE YOU EVER HAD A MAMMOGRAM

0 NO 1 YES 2 UNSURE 8 MAN

. UNKNOWN (111)

F658 MAMMOGRAM - YEAR OF LAST MAMMOGRAM

\* DELETED TO PRESERVE CONFIDENTIALIY

F659 MAMMOGRAM - HOW MANY MAMMOGRAMS HAVE YOU HAD IN

THEN PAST 5 YEARS

\* DELETED TO PRESERVE CONFIDENTIALIY

F660 HAVE YOU EVER HAD A CLINICAL BREAST EXAM

0 NO

1 YES

2 UNSURE

8 MAN

. UNKNOWN (117)

F661 CLINICAL BREAST EXAM - YEAR OF LAST BREAST EXAM

\* DELETED TO PRESERVE CONFIDENTIALIY

F662 CLINICAL BREAST EXAM - HOW MANY BREAST EXAMS

HAVE YOU HAD IN THE PAST 5 YEARS

\* DELETED TO PRESERVE CONFIDENTIALIY

F663	HAVE YOU EVER HAD A PAP SMEAR 0 NO
	1 YES
	2 UNSURE
	8 MAN
	. UNKNOWN (129)
F664	PAP SMEAR - YEAR OF LAST PAP SMEAR
	* DELETED TO PRESERVE CONFIDENTIALIY
F665	PAP SMEAR - HOW MANY PAP SMEARS HAVE YOU HAD IN THE
	PAST FIVE YEARS?  * DELETED TO PRESERVE CONFIDENTIALIY
F666	HAVE YOU EVER HAD A BLOOD TEST FOR PROSTATE CANCER (PROSTATE SPECIFIC ANTIGEN)
	0 NO 1 YES
	2 UNSURE 8 WOMAN
	. UNKNOWN (125)
F667	PSA - YEAR BLOOD TEST FOR PROSTATE CANCER LAST
	DONE * DELETED TO PRESERVE CONFIDENTIALIY
F668	PSA - HOW MANY TIMES WAS A BLOOD TEST FOR PROSTATE
	CANCER IN THE PAST FIVE YEARS
F669	HAVE YOU EVER HAD A RECTAL EXAM
1009	0 NO
	1 YES
	2 UNSURE
	. UNKNOWN (369)

F670	RECTAL EXAM - YEAR OF LAST RECTAL EXAM * DELETED TO PRESERVE CONFIDENTIALIY
F671	RECTAL EXAM - HOW MANY RECTAL EXAMS IN PAST FIVE YEARS * DELETED TO PRESERVE CONFIDENTIALIY
F672	HAVE YOU EVER HAD YOUR STOOL TESTED FOR BLOOD 0 NO 1 YES 2 UNSURE . UNKNOWN (354)
F673	STOOL TEST - YEAR WHEN STOOL LAST TESTED FOR BLOOD * DELETED TO PRESERVE CONFIDENTIALIY
F674	STOOL TEST - HOW MANY TIMES HAS STOOL BEEN TESTED FOR BLOOD IN PAST FIVE YEARS * DELETED TO PRESERVE CONFIDENTIALIY
F675	HAVE YOU EVER HAD A SIGMOIDOSCOPY EXAM 0 NO 1 YES 2 MAYBE . UNKNOWN (317)
F676	SIGMOIDOSCOPY - YEAR OF LAST SIGMOIDOSCOPY EXAM * DELETED TO PRESERVE CONFIDENTIALIY
F677	SIGMOIDOSCOPY - HOW MANY SIGMOIDOSCOPY EXAMS IN PAST FIVE YEARS * DELETED TO PRESERVE CONFIDENTIALIY
NOTE: F	678 - F684 WERE DROPPED FROM EXAM FORM

AWARENESS OF CORONARY FACTORS FOR SELF AND FAMILY VARIABLE INFORMATION F685 FATHER'S FIRST NAME\* \* DELETED TO PRESERVE CONFIDENTIALITY F686 FATHER'S LAST NAME\* \* DELETED TO PRESERVE CONFIDENTIALITY F687 DID YOUR FATHER EVER HAVE HIGH BLOOD PRESSURE \* DELETED TO PRESERVE CONFIDENTIALITY DID YOUR FATHER EVER HAVE HIGH BLOOD CHOLESTEROL F688 (> 240 MG/DL)\* DELETED TO PRESERVE CONFIDENTIALITY F689 DID YOUR FATHER EVER HAVE DIABETES MELLITUS \* DELETED TO PRESERVE CONFIDENTIALITY DID YOUR FATHER HAVE A HEART ATTACK BEFORE AGE 55 F690 \* DELETED TO PRESERVE CONFIDENTIALITY DID YOUR FATHER HAVE HEART BYPASS SURGERY BEFORE F691 AGE 55 \* DELETED TO PRESERVE CONFIDENTIALITY DID YOUR FATHER HAVE A STROKE BEFORE AGE 65 F692 \* DELETED TO PRESERVE CONFIDENTIALITY F693 DID YOUR FATHER DIE OF HEART DISEASE \* DELETED TO PRESERVE CONFIDENTIALITY F694 **MOTHER'S FIRST NAME\*** \* DELETED TO PRESERVE CONFIDENTIALITY F695 **MOTHER'S LAST NAME\*** \* DELETED TO PRESERVE CONFIDENTIALITY

DID YOUR MOTHER EVER HAVE HIGH BLOOD PRESSURE
\* DELETED TO PRESERVE CONFIDENTIALITY

F696

F697	DID YOUR MOTHER EVER HAVE HIGH BLOOD CHOLESTEROL (> 240 MG/DL)  * DELETED TO PRESERVE CONFIDENTIALITY
F698	DID YOUR MOTHER EVER HAVE DIABETES MELLITUS  * DELETED TO PRESERVE CONFIDENTIALITY
F699	DID YOUR MOTHER HAVE A HEART ATTACK BEFORE AGE 55 * DELETED TO PRESERVE CONFIDENTIALITY
F700	DID YOUR MOTHER HAVE HEART BYPASS SURGERY BEFORE AGE 55 * DELETED TO PRESERVE CONFIDENTIALITY
F701	DID YOUR MOTHER HAVE A STROKE BEFORE AGE 65 * DELETED TO PRESERVE CONFIDENTIALITY
F702	DID YOUR MOTHER DIE OF HEART DISEASE * DELETED TO PRESERVE CONFIDENTIALITY
F703	DID YOU EVER HAVE HIGH BLOOD PRESSURE  * DELETED, USE OTHER DATA, SLEF REPROT, MAY NOT BE RELIABLE
F704	DID YOU EVER HAVE HIGH BLOOD CHOLESTEROL(> 240 MG/DL) * DELETED, USE OTHER DATA, SLEF REPROT, MAY NOT BE RELIABLE
F705	DID YOU EVER HAVE DIABETES MELLITUS  * DELETED, USE OTHER DATA, SLEF REPROT, MAY NOT BE RELIABLE
F706	DID YOU HAVE A HEART ATTACK BEFORE AGE 55 * DELETED, USE OTHER DATA, SLEF REPROT, MAY NOT BE RELIABLE
F707	DID YOU HAVE HEART BYPASS SURGERY BEFORE AGE 55 * DELETED, USE OTHER DATA, SLEF REPROT, MAY NOT BE RELIABLE

F708	DID YOU HAVE A STROKE BEFORE AGE 65  * DELETED, USE OTHER DATA, SLEF REPROT, MAY NOT BE RELIABLE
F709	CURRENT OR MOST RECENT SPOUSE- SPOUSE'S FIRST NAME*  * DELETED TO PRESERVE CONFIDENTIALITY
F710	CURRENT OR MOST RECENT SPOUSE- SPOUSE'S LAST NAME*  * DELETED TO PRESERVE CONFIDENTIALITY
F711	CURRENT OR MOST RECENT SPOUSE- SPOUSE'S AGE * DELETED TO PRESERVE CONFIDENTIALITY
F712	DID YOUR SPOUSE EVER HAVE HIGH BLOOD PRESSURE * DELETED TO PRESERVE CONFIDENTIALITY
F713	DID YOUR SPOUSE EVER HAVE HIGH BLOOD CHOLESTEROL (> 240 MG/DL)  * DELETED TO PRESERVE CONFIDENTIALITY
F714	DID YOUR SPOUSE EVER HAVE DIABETES MELLITUS * DELETED TO PRESERVE CONFIDENTIALITY
F715	DID YOUR SPOUSE EVER HAVE A HEART ATTACK BEFORE AGE 55 * DELETED TO PRESERVE CONFIDENTIALITY
F716	DID YOUR SPOUSE EVER HAVE HEART BYPASS SURGERY BEFORE * DELETED TO PRESERVE CONFIDENTIALITY
F717	DID YOUR SPOUSE HAVE A STROKE BEFORE AGE 65 * DELETED TO PRESERVE CONFIDENTIALITY
F718	DID YOUR SPOUSE DIE OF HEART DISEASE * DELETED TO PRESERVE CONFIDENTIALITY

#### **CALCULATED VARIABLES**

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VARIABLE INFORMATION

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F719 BODY MASS INDEX

15.80 - 59.21

. UNKNOWN (49)

F720 ELEVATED BLOOD PRESSURE

 $0 \, \text{NO}$ 

1 YES (BY (SBP1>= 160 OR DBP1 >= 95) AND

 $(SBP2 \ge 160 OR DBP2 \ge 95))$ 

. UNKNOWN (7)

F721 TREATMENT FOR BLOOD PRESSURE

0 NO

1 YES (BY MEDS AND PHYSICIAN OPINION)

. UNKNOWN (5)

F722 HYPERTENSION

 $0 \, \text{NO}$ 

1 YES (BY ELEVATED BP OR TREATMENT FOR BP)

. UNKNOWN (12)

F723 TOTAL ALCOHOL CONSUMPTION (OUNCES PER WEEK)

0 - 38

. UNKNOWN (41)

## LAB VARIABLES

VARIABLE	INFORMATION		
F724	BLOOD ANALYSIS - GLUCOSE - BASELINE		

57 - 362

# F725 BLOOD ANAYLSIS - HDL CHOLESTEROL 11 - 138

. UNKNOWN (62)

. UNKNOWN (53)

F726 BLOOD ANALYSIS - TOTAL CHOLESTEROL 83 - 885

. UNKNOWN (53)

F727 BLOOD ANALYSIS - TRIGLYCERIDES 23 - 5329

. UNKNOWN (53)

F728 BLOOD ANALYSIS - FASTING

0 NO 1 YES

. UNKNOWN (260)